

(08/11/13)

Surveyor: Kalvin

REF: NS/TNC 18018309 / Klqbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no/s _____

of _____

Insured: GIBB JULY

Policy No. 5099778387 100418-09049

Claims No. MT/1014993-002

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: 2 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 4282X Yr Regn: 7 May 2018

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

Truck / Trailer or

Make: Hyundai I40 c.c. 168

Colour: Blu A/C: Insured / Std / Nil / NA

Sp. Reading: 405543 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLB412AF406890

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ignored / Jammed / Leaked / Burnt or

Brake: Inop / Jammed / Leaked / Burnt or

Modi: Nil / SIRim / STD / RIm or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Compton

Front 7 mm Rear 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 8/10/8 D.O.I. 9/10/8

Survey held at CDHE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or Rev N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHB 4282X - NS/TNC 18018309 / Klqbn2 DIA: J30618 INC
	GIBB JULY - NA/MS671400324/d2 DIA: J0012014 US
11/10/8	Insured US \$1400 / 2 days. (Red 886.72, 33%)
	RECEIVED 12 OCT 2018

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

1) 12/10/18 : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: 7P

Lump Sum / B.I.: (\$) 1400

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

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

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



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

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	08/10/2018 17:54
Vehicle No.(For Motor)	GBB24Y	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 type="radio"/>	5099778387		NORIS SERVICES	53063445K	GCV	Preferred Workshop Plan	GBB24Y	GBB24Y	10/04/2018	09/04/2019

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	09/10/2018 14:09
Date Of Accident	08/10/2018 18:05
Exact Location Of Accident	SHEARES AVE TWDS KEPPEL RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4282X
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	ROGER TAN KIM HENG (ROGER CHEN JINXING)
NRIC No	S7407755B
Date Of Birth	20/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	23/03/1993
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91785275
Fax Number	
Contact Number	
Email Address	TANROGER1724@GMAIL.COM

Address	BLK 182 RIVERVALE CRESCENT #07-319
Postcode	540182
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)	2
Passenger 1	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

REFER 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	GBB24Y
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMED SHAHRUL NIZAM BIN MOHAMED ISMAIL.
NRIC/Passport Number	S9432185I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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. 10030321R

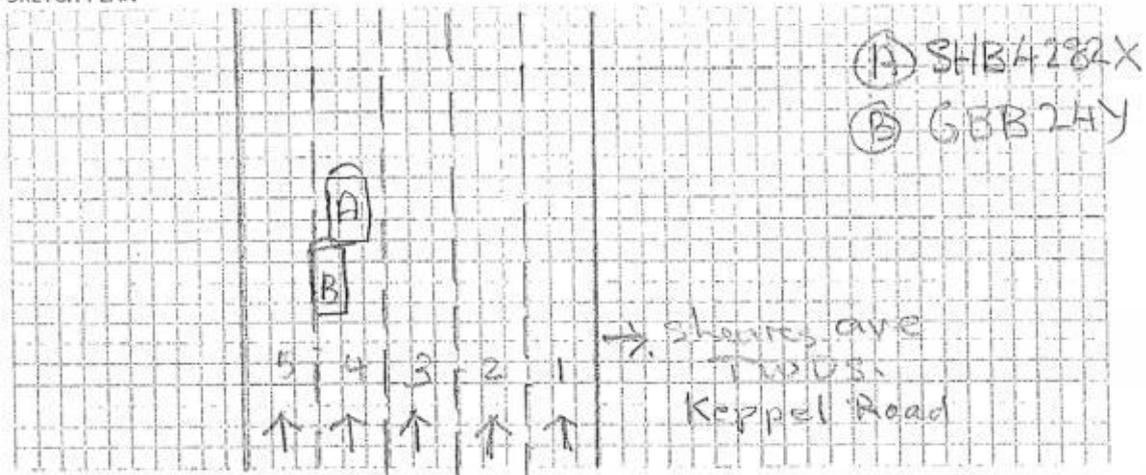
Policyholder's Signature
Date & Time:


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

9/10/18
Jackson Heng
CBO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/10/2018 at about 1805 hrs, I vehicle A was
 travelling along Sheares ave on the lane 4.
 At that time my speed is about 70-80 km/h in
 my lane and going straight. Out of sudden, I
 felt a great impact from my left rear portion.
 No one was injured at that time.

DECLARATION

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

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

Policyholder's Signature
 Date & Time:

Driver's Signature
 (if driver is not the policyholder)

Reporting Centre Personnel's Signature
 Name:

9/10/18
 Jackson Hong
 CSO JACKSON

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHB 4282X

DATE 9/10/2018

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/Labour	Type	Unit Price	Amount
	Rear Bumper — <i>removed</i>			\$ 553.00
	Rear Bumper Clip 10 pcs — <i>na</i>			\$ 22.00
	Tail Lamp (LH) — <i>na</i>			\$ 697.80
	<i>Rear Fender (LH) x 1 pc</i>			
	<i>Rear Bumper Bracket (LH) x 1 pc</i>			
	SUB TOTAL		\$ 35.60	\$ 1,272.80
	LESS 20%			\$ 254.56
	DISCOUNTED TOTAL			\$ 1,018.24
	Rear Bumper Rubber Mat — <i>na</i>			\$ 50.00 Nett
				\$ 50.00
	Labour Charge			
	Panel Beating-Rear Fender			\$ 440.00 ²⁰⁰
	Spray Painting Charge			\$ 440.00 ⁴⁰⁰
	Wiring Charge			\$ 30.00 ²⁰
	Remove/Refix Reverse Sensor			\$ 80.00 ³⁰
	TOTAL LABOUR			\$ 990.00
	ESTIMATE TOTAL			\$ 2,058.24
	<i>Kalvin 10/10/18</i>			
	<i>9/10/18 1605h</i>			
	<i>2018</i>			
	<i>41</i>			
	<i>Attk Repair photo</i>			

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:

2086.72

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.

Workshops

59 Loyang Drive Singapore 508988
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609260
320 Ubi Road 3 Singapore 710009

24 Senoko Loop Singapore 758155
7 Bungei Road Way Singapore 728791
501 Yishun Industrial Park A Singapore 760732

Date/Time: 09.10.2018 15:55 Page : 1

Team: ARC Repair TP(CLS0)1 **JOB CARD** Sales Order: JC NO.: 305223761

JMER COMFORT TRANSPORTATION PTE LTD 7010045 JMER NO. 383 SIN MING DRIVE ESS SINGAPORE SINGAPORE 575717 65508755 (R) (O) (P) JUNT CARD NO.	REGN NO.: SHB4282X	MILEAGE
	MAKE : HYUNDAI	FUEL E.....1/2..... F
	MODEL I-40	DATE/TIME IN 09.10.2018 12:20
	YR OF MANU 07.05.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMFU068913	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.10.2018
NA : 3P 08.10.18

S/NO	LABOR CODE	DESCRIPTION

PREPARED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: SHB4282X LIMTS

Vehicle No.: SHB4282X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be 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 : 305223761

Date : 11/10/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHB4282X

Date of Accident : 08-Oct-18

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

1. The repair job shall bill to: NTUC --- GBB 24Y
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)

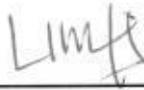
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$1,400.00</u>
Final Lumpsum Repair cost	<u>\$1,400.00</u>

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 : LIM T S
 Tel : 62148398
 Fax : 65468156

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		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/INC18018309/K1qbn2			
73 BRAS BASAH ROAD		Date: 23-10-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBB 24Y	Veh. Inspected	SHB 4282X
Policy No.	5099778387	Coverage (\$)	0.00
Claim No.	MT/1014993-002	Excess (\$)	0.00
Assign From		Assign Date	09/10/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068913	Colour	BLUE
Odometer	405543	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	08/10/2018	Inspection Date	09/10/2018
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	



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 4282X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	TAIL LAMP (LH)	CRACKED	697.80	697.80
1	REAR FENDER (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR BUMPER BRACKET (LH)	CRACKED	35.60	35.60
	LESS 20% DISCOUNT		-261.68	-261.68
			1,046.72	1,046.72
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER (LH)		440.00	200.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	WIRING CHARGE.		30.00	20.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			990.00	650.00
GRAND TOTAL			2,086.72	1,746.72
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,400.00

Report Ref No. NS/INC18018309/K1qbn2

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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