

Surveyor: Kelvin

REF: NS/INC18018407/Klvbn2

## 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: GBB 6813YPolicy No. 510312463 071018-061019Claims No. MT/1015063-002

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: SHC 8518K Yr Regn: 26 Mar 2015

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: Blue A/C: Insured / Std / Nil / NASp. Reading: 402703 T/Radio: Insured / Std / Nil / NA

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

C/No: KMHCB414AF4067826Gen. Cond: Good / 6 / Poor / BurntSteering: Ignored / 6 / Jammed / Leaked / Burnt orBrake: Ignored / 6 / Jammed / Leaked / Burnt orModi: Nil / SIRim / STD 6 / Rim orTyre Size: F: 205/60 R16

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

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

TOYO / YOKO or Westlake

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

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 9/10/18 D.O.I. 10/10/18Survey held at CHE (Loyang)

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

O/S Body

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

Date / Time

Action / Instruction

SHC 8518K - CCB / ALH 15009330 / M1W0392

DCA 31055 INC

ABB 6813Y - x

43

15/10/18 Returned L/S \$2450 / 2 hrs. (Red 920.88, 30b)

RECEIVED 15 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 15/10 - typist

Report Format: TPLump Sum / I.B.I: (\$) 2150/2Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

160

## Veron Chen (LKKAUTO)

**From:** mtreg <mtreg@income.com.sg>  
**Sent:** Monday, 15 October 2018 10:37 AM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** FW: REQUEST FOR 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.'*

**From:** Veron Chen (LKKAUTO) [mailto:[veronchen@lkkauto.com](mailto:veronchen@lkkauto.com)]  
**Sent:** Monday, October 15, 2018 9:08 AM  
**To:** mtreg <mtreg@income.com.sg>  
**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1015263-002	COMFORT TRANSPOTATION PTE LTD	SHC 8518K	GBB 6813Y

D.O.A	Time of Accident	Estimate	Tentative repair cost
9/10/2018	17:55	\$3,070.88	\$2,150.00

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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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.

eBaoTech

General Claim

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"/>	5103124693		NEWSTEAD TECHNOLOGIES PTE LTD	2001004680	GCV	Comprehensive	GBB6813Y	GBB6813Y	07/10/2018	06/10/2019

## 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	10/10/2018 13:42
Date Of Accident	09/10/2018 17:55
Exact Location Of Accident	RAFFLES LINK TWDS RAFFLES BLVD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8518K
<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	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	SEE THO SOOK HAN
NRIC No	S7218707E
Date Of Birth	30/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	06/01/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96556201
Fax Number	
Contact Number	
Email Address	ISAACTAN51@YAHOO.COM.SG

Address	BLK 573A WOODLANDS DR16 #06-630
Postcode	731573
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 ON COLLISION
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?	YES
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	GBB6813Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	SEE THO SOOK HAN
------	------------------

Approximate Age	46
Injuries Sustain	SHOULDER AND NECK PAIN.
Injured person in which vehicle?	SHC8518K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1

### 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. 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)**

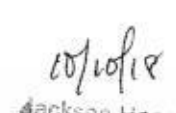
I understand, acknowledge, agree and consent that:

- (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. 192001321R

Policyholder's Signature  
Date & Time:

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

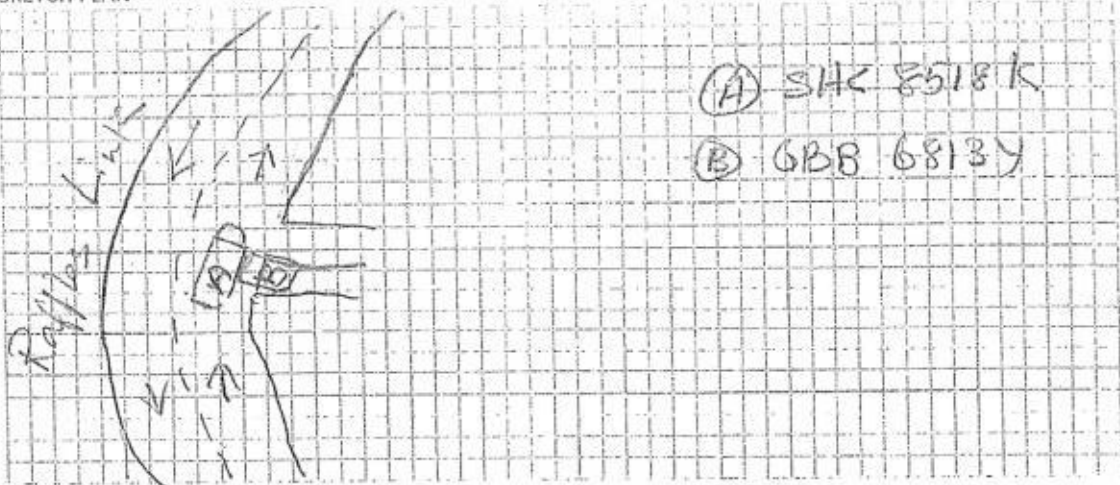
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/IMC SketchPlanForm\_V3





SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/10/2018 at about 1755 hrs, I vehicle A was driving along Raffles Link two way traffic. While I was in my lane going straight, vehicle B dash out from Conpark Exit and collided onto vehicle A right rear portion. My shoulder and neck was "pain" due to safety belt pull.

DECLARATION

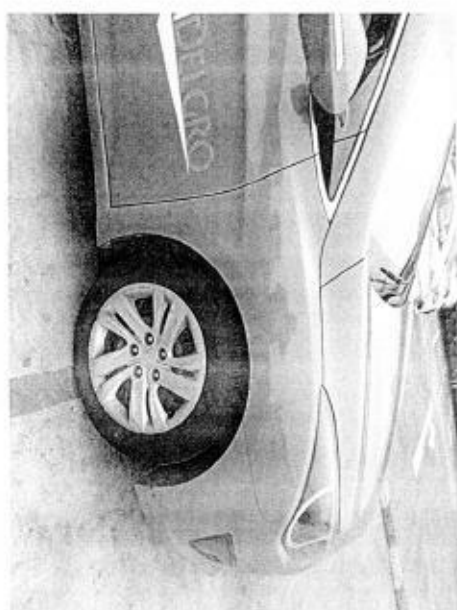
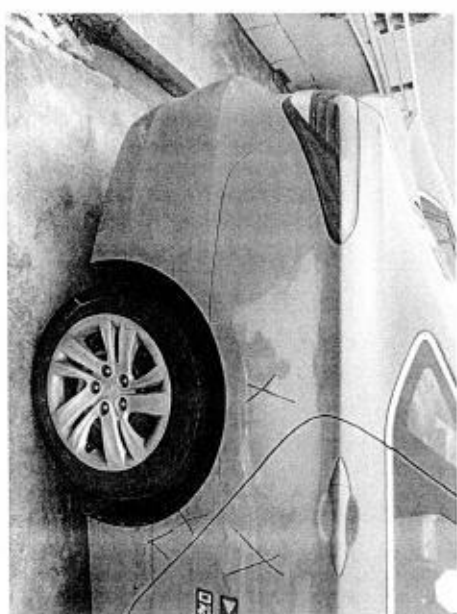
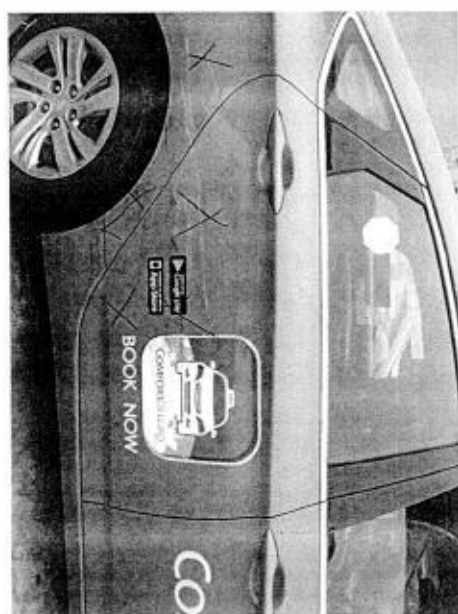
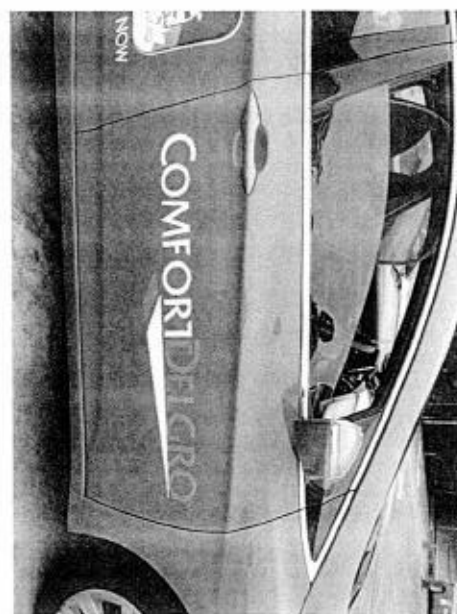
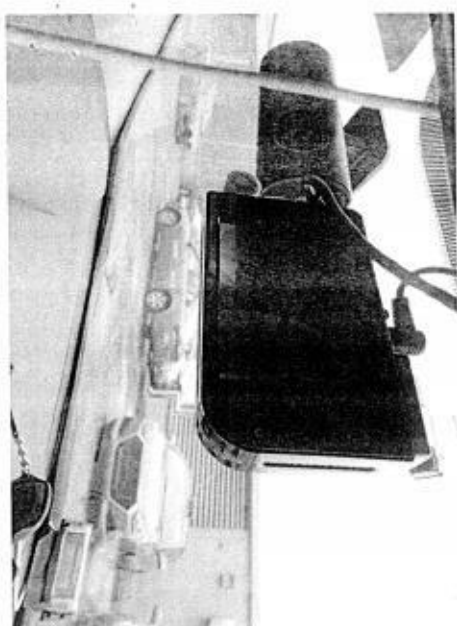
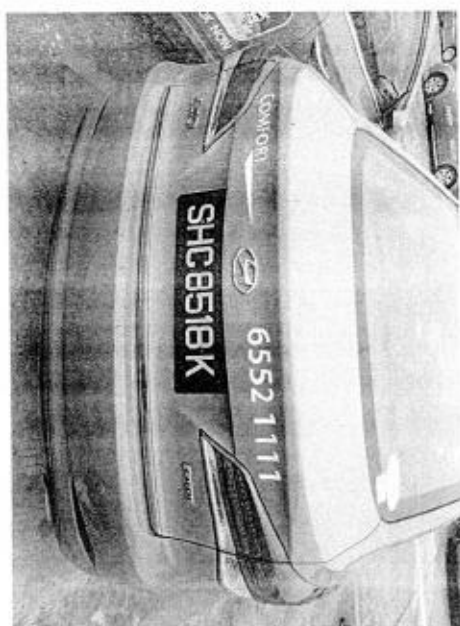
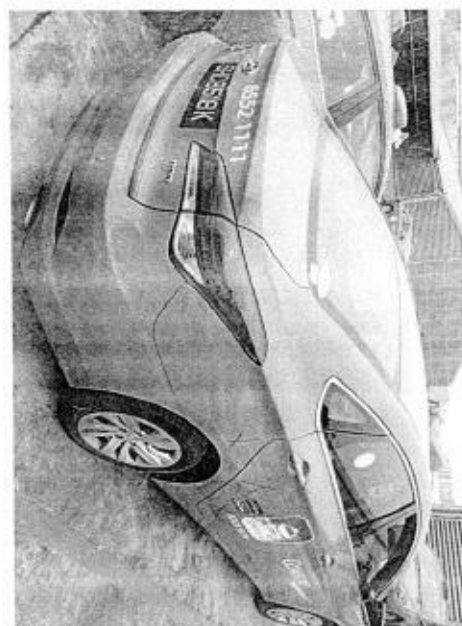
I/We declare the foregoing particulars are true in every respect.

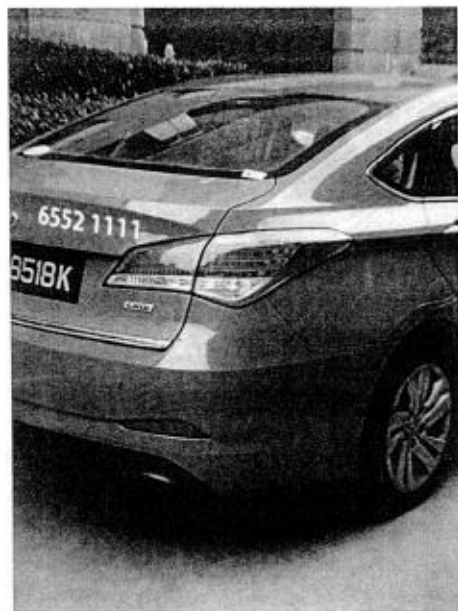
CONFIDENT TRANSPORTATION PTE LTD  
CO. REG. NO. 193203321R

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.:





## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHC 8518K

DATE 10/10/2018 14:30

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door (RH) ✓ <i>Done</i>			\$ 2,201.10	
	<i>Rocker Panel Harash (RH) x repair</i>				
	<i>Rear Fender (RH) x repair</i>				
	SUB TOTAL			\$ 2,201.10	
	LESS 20%			\$ 440.22	
	DISCOUNTED TOTAL			\$ 1,760.88	
	Rear Door Comfortdelgro & Apps Sticker (RH) ✓ <i>me</i>			\$ 80.00	Nett
	<b>Labour Charge</b>				
	Panel Beating- <del>Repair</del> Fender			\$ <del>440.00</del> 200	
	Spray Painting Charge-Rocker Panel/Fender/Door			\$ <del>660.00</del> 600	
	Tuff Kote			\$ <del>50.00</del> 20	
	Transfer of Door			\$ <del>80.00</del> 50	
	TOTAL LABOUR			\$ 1,230.00	
	ESTIMATE TOTAL			\$ 3,070.88	
<p><i>Kahni (LKK)</i>  <i>10/10/18 1530 hrs</i>  <i>2 Days</i>  <i>4/5</i>  <i>After Repair photo</i></p> <div data-bbox="882 1473 1428 1921" data-label="Text"> <p>LKK Auto Consultants hereby notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To survey before/after body painting</li> <li>• To display damaged parts during survey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "no win no fee" basis</li> <li>• No illegal modification is allowed</li> <li>• Supplementary documents must be provided and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer  Signature:  Date:</p> </div> <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.</p>					

### Workshops

59 Loyang Drive Singapore 508905  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609285  
229 Ubi Road 3 Singapore 408993

24 Senoko Loop Singapore 758120  
7 Sungei Kadut Way Singapore 728781  
501 Yishun Industrial Park A Singapore 768132

member of COMFORTDELGRO

Date/Time: 10.10.2018 15:20 Page : 1

Team: ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

JC NO.: 305224223

OMER  
IS COMFORT TRANSPORTATION PTE LTD  
OMER NO. 7010045  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)

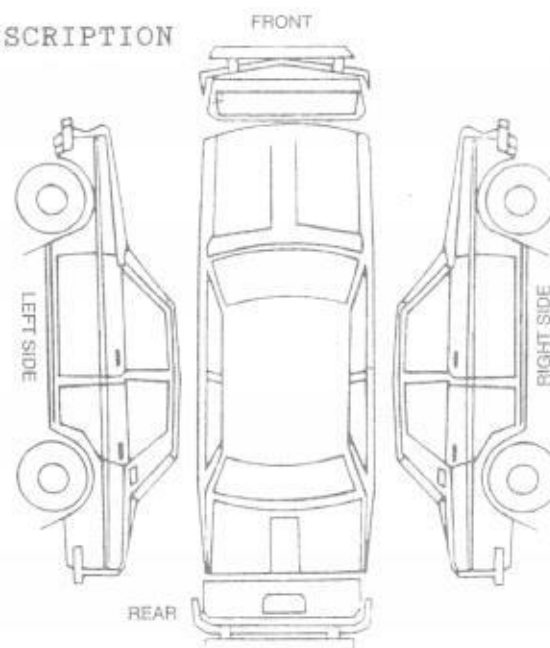
REGN NO:	SHC8518K	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 10.10.2018 21:35
YR OF MANU	26.03.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMFU067826	COMPLETION DATE/TIME:

JUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 09.10.2018  
NATURE: 3P 09.10.18

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SHC8518K JU NTUC

Vehicle No.: SHC8518K

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 : 305224223  
Date : 12/10/18

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
: SHC8518K  
Date of Accident : 09/10/18  
Fax :

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

1. The repair job shall bill to: NTUC --- GBB6813Y  
###
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) N
  - Total for Lumpsum repair cost after Less: 20% \$2,150.00
  - 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 : 15/10/18

### 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/INC18018407/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 25-10-2018



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBB 6813Y	Veh. Inspected	SHC 8518K
Policy No.	5103124693	Coverage (\$)	0.00
Claim No.	MT/1015263-002	Excess (\$)	0.00
Assign From		Assign Date	10/10/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU067826	Colour	BLUE
Odometer	402703	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 O/S BODY. DAMAGES SEE DETAILS.
--

### 5. General Information

Accident Date	09/10/2018	Inspection Date	10/10/2018
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. SHC 8518K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR DOOR (RH)	DENTED	2,201.10	2,201.10
1	ROCKER PANEL GARNISH (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-440.22	-440.22
			1,760.88	1,760.88
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY	80.00	80.00
			80.00	80.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF ROCKER PANEL GARNISH (RH) AND REAR FENDER (RH).		440.00	200.00
	SPRAY PAINTING CHARGE-ROCKER PANEL/FENDER/DOOR.		660.00	600.00
	TUFF KOTE.		50.00	20.00
	TRANSFER OF DOOR.		80.00	50.00
			1,230.00	870.00
	<b>GRAND TOTAL</b>		<b>3,070.88</b>	<b>2,710.88</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>2,150.00</b>

Report Ref No. NS/INC18018407/K1vbn2



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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