

08/11/13

Surveyor: Kelvin

REF: NS/INC18018631/K11602

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP) WS / TP RES / OD RES / EVA / INV / MV
 To Insured Vehicle No: _____
 at Workshop no/s _____
 of _____
 Insured: GBF 543U
 Policy No. 5101130380 09062018
 Claims No. MT/1015611-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SH 8339 D Yr Regn: 14 Apr 2011
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T/Trailer / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Sonata cc 1991
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 509573 T/Radio: Ins / Std / NI / NA
 Eng/No: _____
 C/N: KM4ST41UMDA807369
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Ignored / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD / Rim or _____
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front R/Bal. 7 mm Rear R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 11/10/18 D.O.I. 12/10/18
 Survey held at CDHE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front N/S
 The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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

Date / Time	Action / Instruction
	SH 8339D - CB/msc/1500574/mjwcdl DIA: 09022018 INC
	GBF 543U - X 4s
17/10/18	Contract up \$ 900 / 3 Yr. (Real) 2266.80, 7210
RECEIVED 17 OCT 2018	

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) 17/10 - typist
 Report Format: TP
 Lump Sum / L.B.I: (\$) 900/2

Days Of Repair: 3
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech: Invs (\$)
 : Weekend (\$)

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

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, 17 October 2018 10:18 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



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



'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: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Wednesday, October 17, 2018 9:36 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provides us claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1015611-002	COMFORT TRANSPOTATION PTE LTD	SH 8339D	GBF 543U

D.O.A	Time of Accident	Estimate	Tentative repair cost
11/10/2018	15:00	\$3,166.80	\$900.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

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.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5101180380		LHR TRADING CO. PTE. LTD.	201301005E	GFT	Comprehensive	GBF543U	GBF543U	09/06/2018	

Continue

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	12/10/2018 07:11
Date Of Accident	11/10/2018 15:00
Exact Location Of Accident	HOLLAND CLOSE MULTI STOREY CARPARK DRIVE DR.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8339D
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	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	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	ANG KHAR KION
NRIC No	S1376295C
Date Of Birth	11/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/08/1977
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85000389
Fax Number	
Contact Number	
E-Mail Address	SIMONANG1959@HOTMAIL.COM

Address	277A 09-324 COMPASSVALE LINK
Postcode	541277
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 (TP reverse)
Weather Conditions	RAINING
Road Surface	WET

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

SEE ATTACH.(TP REVERSE)

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	GBF543U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	66778540
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/10/2018 at about 1500hrs, I vehicle A was sent
 my passenger at Holland close. Then I drive along Carpark
 Block FA drive way. There was heavy and road
 surface was wet while I was following the lobby in
 Carpark. Suddenly vehicle B stop and engage reverse
 gear. I keep on horn at him and he still keep on
 reversing his lobby and bang into vehicle A front.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature

Date & Time:

GIASMC SketchPlanForm_V3

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

11/10/18
 Jackson How
 CSO Jackson

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

Sketch Plan Pg. 2

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. 199303421R

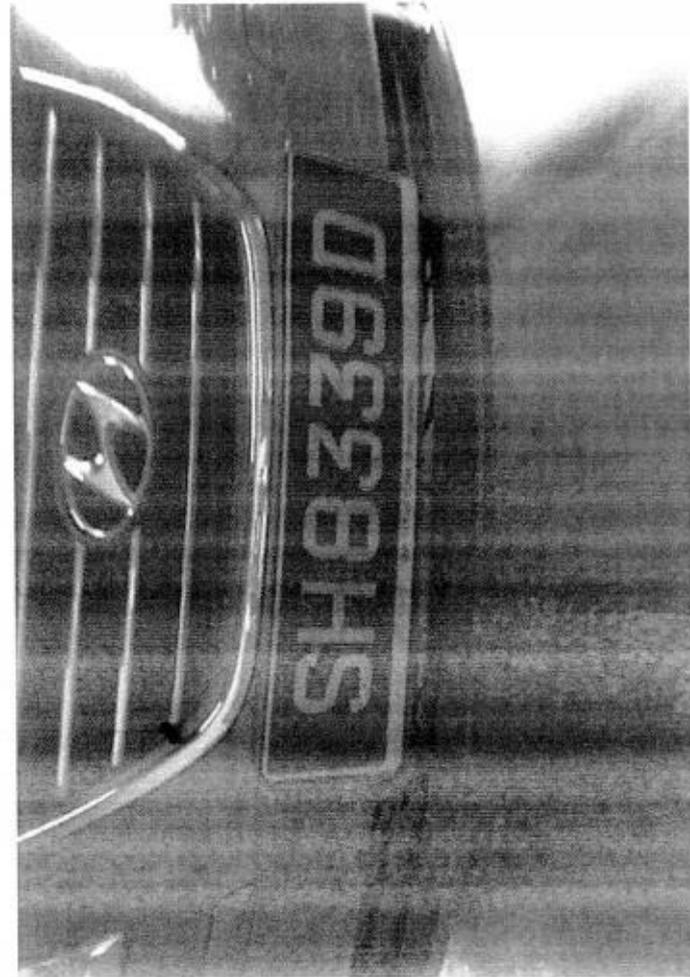
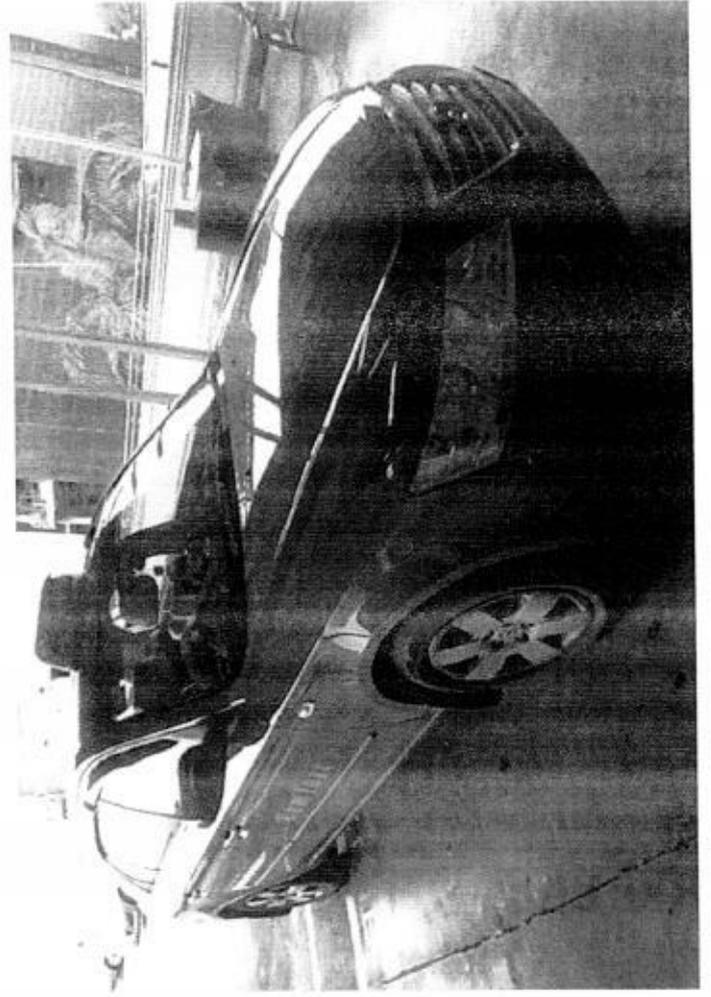
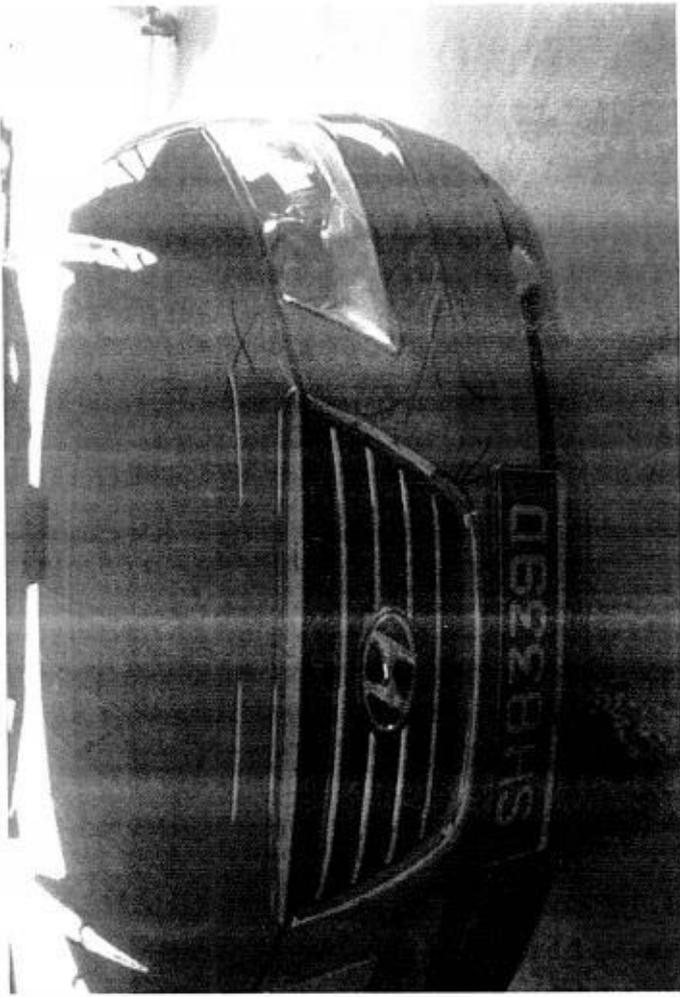
Policyholder's Signature
Date & Time:

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

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

GIA/IRAC SketchPlanForm_V3

1-1
b.c. 0 6-0





REPAIR ESTIMATE*

VEHICLE NO : SH 8339D

DATE 12/10/2018 9:21

MAKE :

MODEL : HYUNDAI SONATA

*NTUC
JU*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet <i>x 1 pc</i>			\$ 1,151.80
	Radiator Grille <i>x 1 pc</i>			\$ 282.10
	Radiator Grille U Moulding <i>1 pc</i>			\$ 108.90
	Front Bumper Cover <i>1 pc</i>			\$ 538.80
	Front Bumper Sponge <i>x 1 pc</i>			\$ 136.30
	Front Bumper Reinforcement <i>x 1 pc</i>			\$ 504.10
	Front Bumper Bracket Top (LH/RH) <i>x 2 pc</i>		\$ 22.40	\$ 44.80
	Front Bumper Protector (LH) <i>x 1 pc</i>			\$ 29.20
	SUB TOTAL			\$ 2,796.00
	LESS 20%			\$ 559.20
	DISCOUNTED TOTAL			\$ 2,236.80
	Labour Charge			
	Panel Beating			\$ 440.00 <i>200</i>
	Spray Painting Charge			\$ 440.00 <i>400</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	TOTAL LABOUR			\$ 930.00
	ESTIMATE TOTAL			\$ 3,166.80

Kaluz 11/11/18

M 12/10/18 1020h

3 Dgs

4/3

A She Repair of 1/18

Auto Consultants hence notify the Repairer of the following:

- To resurvey before spray painting
- To display damaged parts during resurvey
- Parts prices must be confirmed
- Third party survey on a "Without Prejudice" basis
- No legal proceedings is allowed
- Supplementary repairs must be resurveyed and subject to final approval from Insurance Company

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.

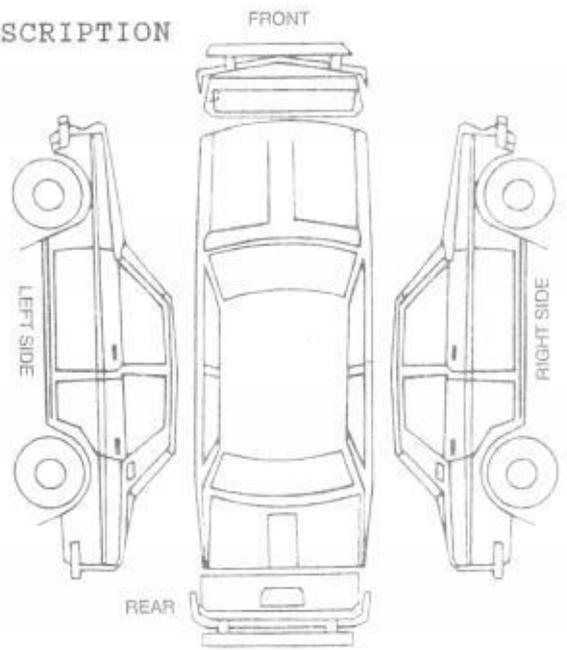
Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305224909

CUSTOMER VMS CUSTOMER NO. ADDRESS (R) (P) COUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO.: SH 8339D MILEAGE
		MAKE: HYUNDAI FUEL E.....1/2.....F
		MODEL SONATA DATE/TIME IN 11.10.2018 16:35
		YR OF MANU 14.04.2011 TARGET DATE
		CHASSIS CODE KMHE141VMB807369 COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.10.2018
 NATURE: 3P 11.10.18

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Acknowledgement Slip:
 No. SH 8339D
 File No. JU NTUC
 Signature/Date

Exit Pass
 Vehicle No.: SH 8339D
 Name of Service Advisor
 Date
 To be kept by Security Guard

Returned to Service Reception upon collection

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305224909
Date : 16/10/2018

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

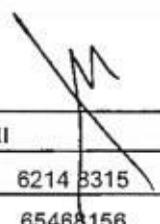
FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
: SH 8339D Date of Accident : 11/10/18

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

- The repair job shall bill to: NTUC --- GBF543U
###
- The finalized amount shall be:
 - Spare Parts after List discount _____
 - Labour Charges ### _____
Total for Part-By-Part Repair Cost _____
 - Lumpsum Repair (if applicable) N _____
Total for Lumpsum repair cost after Less: 20% \$900.00
Final Lumpsum Repair cost _____
- Estimated normal period for repairs: 3 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 17/10/18

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/INC18018631/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 25-10-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBF 543U	Veh. Inspected	SH 8339D
Policy No.	5101180380	Coverage (\$)	0.00
Claim No.	MT/1015611-002	Excess (\$)	0.00
Assign From		Assign Date	12/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA807369	Colour	BLUE
Odometer	509573	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	HANKOOK	7 mm
L/H Front Tyre	215/60 R16	HANKOOK	7 mm
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	11/10/2018	Inspection Date	12/10/2018
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8339D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BONNET	TO REPAIR SEE LABOUR	1,151.80	-
1	RADIATOR GRILLE	SERVICEABLE	282.10	-
1	RADIATOR GRILLE U MOULDING	CRACKED	108.90	108.90
1	FRONT BUMPER COVER	DEFORMED	538.80	538.80
1	FRONT BUMPER SPONGE	SERVICEABLE	136.30	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	504.10	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
1	FRONT BUMPER PROTECTOR (LH)	TO REPAIR SEE LABOUR	29.20	-
	LESS 20% DISCOUNT		-559.20	-129.54
			2,236.80	518.16
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BONNET AND FRONT BUMPER PROTECTOR (LH).		440.00	200.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			930.00	600.00
GRAND TOTAL			3,166.80	1,118.16
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC18018631/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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