

(08/11/13)

Surveyor: KalvinREF: NS/INC18019167/KHB52ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop no/s: _____

of: _____

Insured: SHC 6770KPolicy No: 5095103893 20.10.17 - 19.10.18Claims No: MT/1016566-002

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: _____ 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 7991H Yr Regn: 17 Sep 2015

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

Truck / Trailer or

Make: Hyundai 24 cc 1685Colour: Verba A/C: Ins / Std / NI / NASp. Reading: 39208 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHLD 414464079523Gen. Cond: Good / F / Poor / BurntSteering: Inor 6 / Jammed / Leaked / Burnt orBrake: Inor 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / SD A/Rim orTyre Size: F: 205/60R6

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / HTSU / PIR / SUM /

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 19/10/18 D.O.I. 22/10/18Survey held at CHE (Loyang)

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

O/S Front.

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

Date / Time Action / Instruction

SHC 7991H - NS/ABC16000991/H111302 DA: 15/10/16 INCSHC 6770K - CCU 18011 8115226 / K1103 DA: 19/03/18 4s24/10/18 Subvent 4s \$1750/307s (Red: 11927246%)

RECEIVED 29 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report11/25/10 Typist☒ : Final Report

Date/Time, File Return to?

2)

Report Format: 70Lump Sum / I.B.I.: (\$) 1750Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

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"/>	5095103893		PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC6770K	SHC6770K	20/10/2017	19/10/2018

Denise Tay (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, 25 October 2018 11:45 AM
To: Denise Tay (LKKAuto)
Subject: FW: REQUEST 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

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 25, 2018 10:43 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

TP Claims against NTUC Income: Follow-Through Survey

Date : 25/10/2018

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/1016630-002	COMFORT TRANSPORTATION	SHA 4583H	SLV 81H	20/10/2018	21:45	4034.72	300
2	MT/1016566-002	COMFORT TRANSPORTATION	SHC 7991H	SHC 6770K	19/10/2018	22:00	3242.72	1750

Claim received from LKK Auto

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3866549

JG NO.: 305228415

OMER

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

(R)

(O)

(P)

DUNT CARD NO.

REGN NO.:

SHC7991H

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

19.10.2018 23:59

YR OF MANU

17.09.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU079523

COMPLETION DATE/TIME

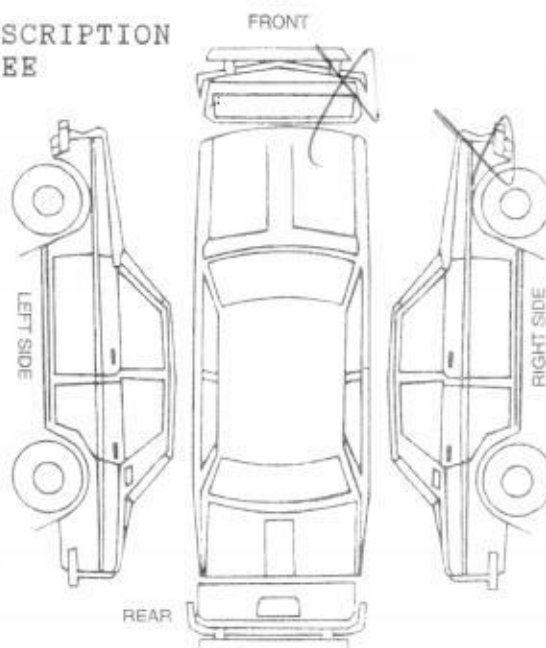
JOB DESCRIPTION

Accident Date: 19.10.2018

NATURE: 3P 19.10.18

S/NO LABOR CODE
000010 23-01

DESCRIPTION
TOWING FEE



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHC7991H

JU NTUC

Vehicle No.:

SHC7991H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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	21/10/2018 07:38
Date Of Accident	19/10/2018 22:00
Exact Location Of Accident	VICTORIA ST X MIDDLE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7991H
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LOW SING HUAT
NRIC No	S6912451H
Date Of Birth	01/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87987209
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	446C 19-344 JALAN KAYU
Postcode	793446
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	SIDE SWIPE
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)	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

SEE POLICE REPORT.

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	SHC6770K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT

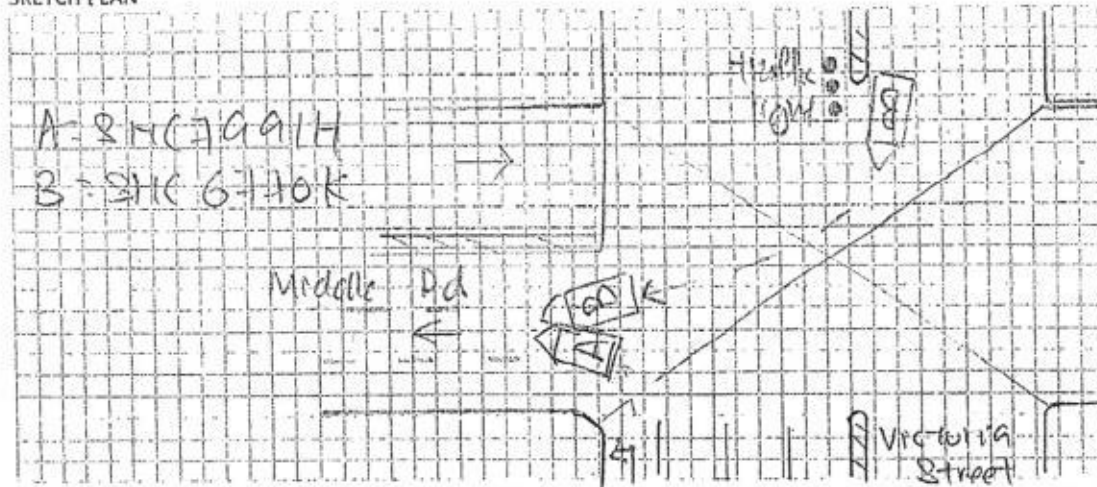
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LOW SING HUAT
Approximate Age	49
Injuries Sustain	NECK,BACK,SHOULDER,HEAD,LEGS,STOMACH
Injured person in which vehicle?	SHC7991H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report
T/20181020/2037.

DECLARATION

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

CITYCAB PTE LTD
J. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

Loke Wei Yiang
Reporting Centre Personnel's Signature
Name:

Sketch Plan Pg. 2



SINGAPORE
POLICE FORCE



T/20181020/2037

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20181020/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2018 10:50	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: LOW SING HUAT			Address: APT BLK 446C JALAN KAYU #19-344 SINGAPORE 793446	
ID Type / ID No.: NRIC NO / S6912451H			Contact No.: Home/Office: Mobile: 87987209	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 01/04/1969	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/10/2018 22:00	Type of Location: X-Junction
Location: Along Road 1 MIDDLE ROAD VICTORIA STREET ONTO MIDDLE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6770K	Car					4
SHC7991H	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20181020/2037

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20181020.

CONTINUATION OF REPORT

Driver			
Name	LOW SING HUAT	ID No.	S6912451H
Related Vehicle	SHC7991H (Car)	Contact No.	87987209
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ FERNVALE PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/10/2018	Date Discharge	20/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 19/10/2018 at about 2200hrs, I was driving my taxi (comfort Citicab) bearing plate number SHC7991H along Victoria Street. There was a passenger with me and I was heading towards Middle Road. After I make a left turn at junction of Victoria Street onto Middle Road, one taxi (Silver cab) bearing plate number SHC6770K coming from the opposite direction of the Victoria Street turned onto the same road and hit the front right side of my vehicle. Both of us took picture of the scene however the driver refused to exchange the particulars and insist on claiming the damage through insurance.

On the 20/10/2018 when I woke up in the morning, I felt headache , pain neck, shoulder , both leg and stomach area. I went to the clinic to seek medical attention and was given 3 days MC.

I have a dashboard camera and the whole incident was recorded.

I am lodging for my company record purposes

Sketch Plan Pg. 4



SINGAPORE
POLICE FORCE



T/20181020/2037

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE
545025

Tel No: 1800-343 8999

3 of 3

Report No. T/20181020/2037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sr Staff Sgt MUHAMMAD YASSER BIN OSMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/10/2018 10:50

Officer In Charge Of Case:

TP / AEIT /

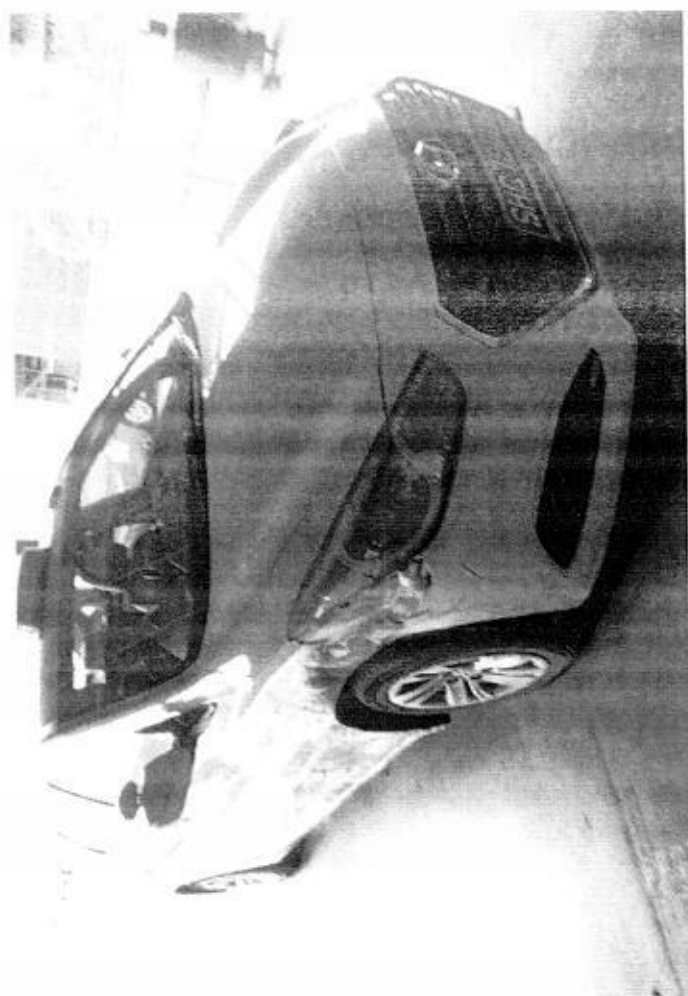
Sr Staff Sgt ONG YONG HOCK

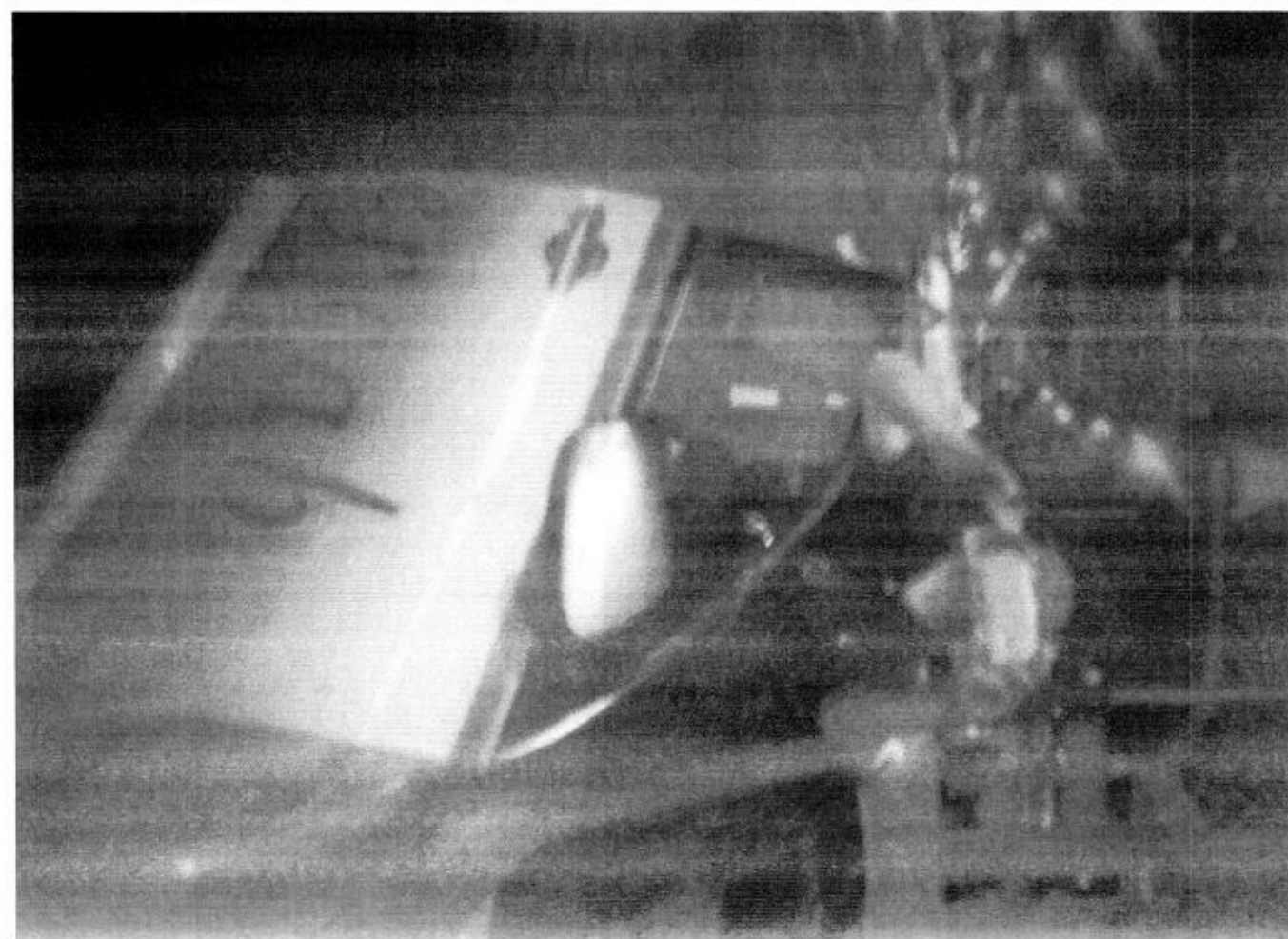
Contact No.: 65476436

Classification Of Case:

SN 005

Authentication Stamp





CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7991H

DATE 22/10/2018 9:43

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Detail</i>			\$ 544.30 <i>1052.20</i>
	Front Bumper Bracket Top (RH) <i>Xun</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>un</i>			\$ 24.60
	Headlamp (RH) <i>X sun</i>			\$ 1,388.00
	Front Fender (RH) <i>Panel</i>			\$ 566.30
	Front Fender Shield (RH) <i>X sun</i>			\$ 175.90
	Front Fender Retainer <i>X sun</i>			\$ 24.60
	Frt Wheel Hub Cap, RH <i>hatched</i>			\$ 107.10
	SUB TOTAL			\$ 2,853.40 <i>3361.10</i>
	LESS 20%			\$ 570.68
	DISCOUNTED TOTAL			\$ 2,282.72 <i>2688.88</i>
	Front Fender Advertisement Logo (RH) <i>un</i>			\$ 100.00 Nett
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>300</i>
	Spray Painting Charge			\$ 300.00 <i>400</i>
	Wiring			\$ 30.00 <i>X 17</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Frt Wheel Alignment			\$ 80.00 <i>X 11</i>
	TOTAL LABOUR			\$ 860.00 <i>1060</i>
	ESTIMATE TOTAL			\$ 3,242.72 <i>3848.88</i>
<p><i>Kalwickky</i></p> <p><i>22/10/18 1046 hrs.</i></p> <p><i>3 R71</i></p> <p><i>U6</i></p> <p><i>After Repair photo</i></p>				
<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>				

K Auto Consultants' liability
the Repairer of the following:

- To resurvey or re-survey 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:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305228415

Date : 24/10/2018

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508669
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC7991H

Date of Accident : 19.10.18

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

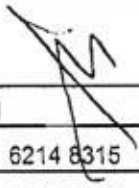
1. The repair job shall bill to: NTUC --- SHC6 SMCB770K
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges ###
 - Total for Part-By-Part Repair Cost
 - (c) Lumpsum Repair (if applicable) N \$1750.00
 - Total for Lumpsum repair cost after Less: 20% ~~\$4,400.00~~
 - Final Lumpsum Repair cost


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.

We confirm the estimates and finalized amount

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

Signature : 
Name : Kalvin
Date : 24/10/18

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/INC18019167/K1tbs2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 01-11-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 6770K	Veh. Inspected	SHC 7991H
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/1016566-002	Excess (\$)	0.00
Assign From		Assign Date	22/10/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU079523	Colour	YELLOW
Odometer	392118	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60R16	WEST LAKE	7 mm
L/H Front Tyre	205/60R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60R16	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	19/10/2018	Inspection Date	22/10/2018
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	

**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 7991H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	CRACKED	24.60	24.60
1	HEADLAMP (RH)	SERVICEABLE	1,388.00	-
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRT WHEEL HUB CAP, RH	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-672.22	-350.04
			2,688.88	1,400.16
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	PANEL BEATING.		400.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING.	NOT NECESSARY	30.00	-
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,060.00	720.00
GRAND TOTAL			3,848.88	2,220.16
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,750.00

Report Ref No. NS/INC18019167/K1tbs2

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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