

Surveor: Kelvin

REF:

NS/LNC18019767/Klvbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

At Workshop m/s _____

Insured: GBC 9525D

Policy No: 5061871376-05 260918

Claims No: MT/1017693-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 1369E Yr Regn: 15 Jun, 2017

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 18 X 666 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 570103F.4202558762

Gen. Cond: Good / F / Poor / Burnt

Steering: In order / EN / Jammed / Leaked / Burnt or

Brake: In order / EN / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 29/10/18 D.O.I. 30/10/18

Survey held at CDGE (Layang)

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.

RECEIVED 01 NOV 2018

Delete Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 1/11 - typist

Report Format: TP

Lump Sum / I.B.I: (\$) 830-95

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

160

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, 1 November 2018 10:29 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

income
made different



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: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com veronchen@lkkauto.com]
Sent: Thursday, November 01, 2018 10:14 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1017693-002	COMFORT TRANSPORTATION PTE LTD	SHA 1369E	GBC 9525L

D.O.A	Time of Accident	Estimate	Tentative repair cost
29/10/2018	2:15	\$1,534.90	\$830.95

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

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 checked="" type="radio"/>	5061870376-05		UKA LEASING PTE LTD	201105072Z	GFT	Third Party	GBC9525D	GBC9525D	26/09/2018	

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 29/10/2018 16:36
Date Of Accident 29/10/2018 02:15
Exact Location Of Accident ORCHARD ROAD X SCOTTS RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1369E
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 TOYOTA
Model PRIUS HYBRID 4G
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 LEO TENG FONG VINCENT
NRIC No S1566401J
Date Of Birth 15/06/1962
Occupation OUTDOOR
Date Of Driving Pass 29/01/1980
Driving Experience 38 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96275685
Fax Number
Contact Number
Email Address VINLEOTF@GMAIL.COM

Address	BLK 255 BANGKIT ROAD #12-416
Postcode	670255
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)	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

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	GBC9525D
Vehicle Make/Model/Colour	TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEN LILI
NRIC/Passport Number	G2683919Q
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGED
No. Of Passenger (Including Driver)	

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 the 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. 19900821R

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.:

GIARMC SketchPlanForm_V3

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/10/18 at about 08:30hrs while I was stationary behind other vehicles before the traffic junction, Car B collided on the rear of my vehicle.

DECLARATION

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

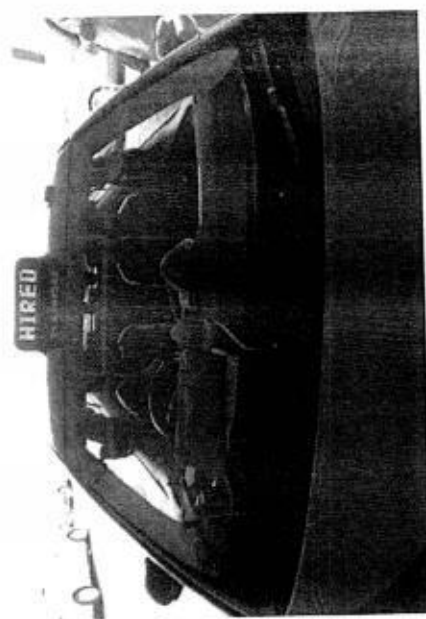
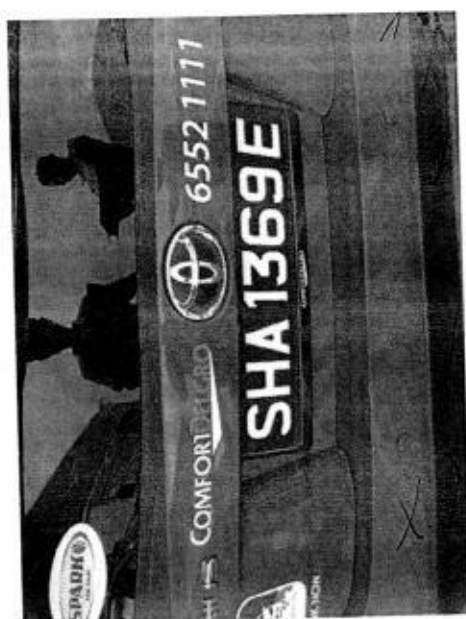
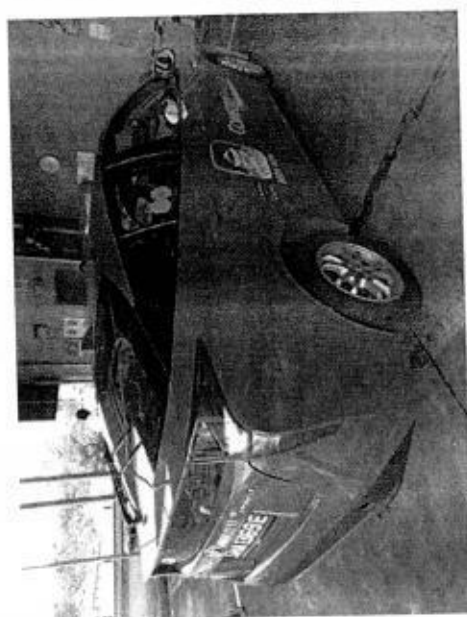
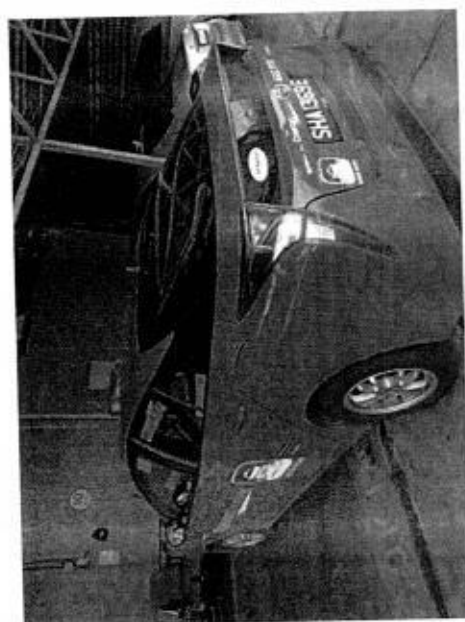
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

GLAPAC SketchPlanForm V0



REPAIR ESTIMATE

VEHICLE NO : SHA 1369E

MAKE :

MODEL : TOYOTA PRIUS

30/10/2018 9:39

FZ

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>X repair</i>			\$ 458.60
REAR BUMPER UNDER COVER <i>cut</i>			\$ 552.60
REAR BUMPER CLIPS <i>new</i>			\$ 22.00
SUB TOTAL			\$ 1,033.20
LESS 10% <i>25%</i>			\$ 206.64
DISCOUNTED TOTAL			\$ 826.56
LABOUR CHARGE			
Panel Beating			\$ 400.00 <i>200</i>
Spray Painting Charge			\$ 250.00 <i>200</i>
Wiring Charge			\$ 30.00 <i>25</i>
Remove/Refix Reverse Sensor			\$ 80.00 <i>75</i>
TOTAL LABOUR			\$ 760.00
ESTIMATE TOTAL			\$ 1,586.56
			<i>1534.90</i>

*Ka/wh 1(LKK)**30/10/18 1210 hrs**2 hrs**P/P**After Repair photo*

LKK Auto Consultants herewithly
the Repairer of the following:

- To resurvey but not spray painting
- To display damage (part(s)) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a 'Without Prejudice' basis
- No illegal modification or repairs
- Surveys are 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.

JOB CARD

Sales Order: 3869060

JC NO.: 305232075

Team: ARC Repair TP(CLS0)1

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

REGN NO.: SHA1369E	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 29.10.2018 14:45
YR OF MANU 15.06.2017	TARGET DATE
CHASSIS CODE JTDKB3FU203558767	COMPLETION DATE/TIME:

JUNT CARD NO.

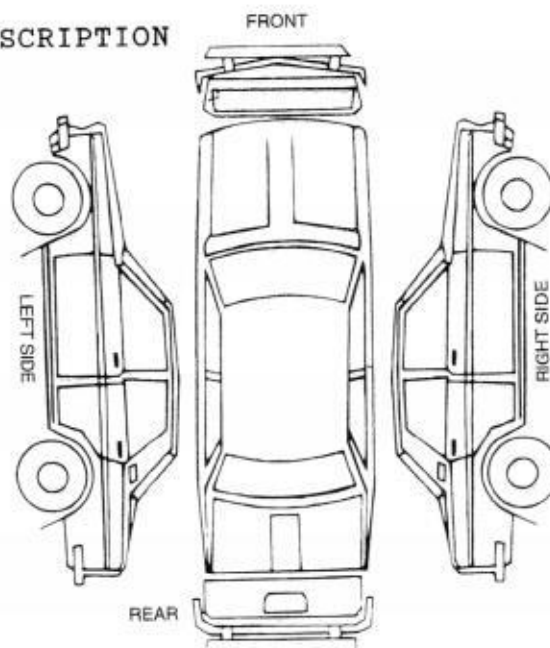
JOB DESCRIPTION

Accident Date: 29.10.2018
NATURE: 3P 29.10.18/B

S/NO LABOR CODE

Repair

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Jo.: SHA1369E FZ NTUC LKK

Vehicle No.: SHA1369E

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 01.11.2018
Time: 08:44:15
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305232075
REGN NO : SHA1369E
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 15.06.2017
DATE/TIME IN : 29.10.2018 14:45
ACCIDENT DATE : 29.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2287-G PRIG4 GUARD-REAR BUMPER C 1 552.60 25.00 414.45

0002 04-01-0302-2267-G PRIVC BUMPER PIECE 10 22.00 25.00 16.50

SUB-TOTAL : 430.95

JOB NATURE

0000 L PANEL BEATING 200.00

0001 L SPRAY PAINTING CHARGE 200.00

SUB-TOTAL : 400.00

TOTAL : 830.95

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305232075
Date : 31.10.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA1369E

Fax :
Date of Accident : 29.10.2018

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

1. The repair job shall bill to: NTUC --- GBC9252D
2. The finalized amount shall be:


(a) Spare Parts after List discount		<u>\$430.95</u>
(b) Labour Charges		<u>\$400.00</u>
Total for Part-By-Part Repair Cost		<u>\$830.95</u>
(c) Lumpsum Repair (if applicable)		<u>\$0.00</u>
Total for Lumpsum repair cost after Less:	<u>20%</u>	<u>\$0.00</u>
Final Lumpsum Repair cost		<u>\$0.00</u>

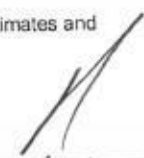
3. Estimated normal period for repairs: 2 working days.

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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Calvin
Date : 1/11/18

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/INC18019767/K1vbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 07-11-2018	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBC 9525D	Veh. Inspected	SHA 1369E	
Policy No.	5061870376-05	Coverage (\$)	0.00	
Claim No.	MT/1017693-002	Excess (\$)	0.00	
Assign From		Assign Date	30/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU203558767	Colour	BLUE	
Odometer	184666	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	WEST LAKE	7 mm	
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm	
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm	
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/10/2018	Inspection Date	30/10/2018	
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. SHA 1369E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 25% DISCOUNT		-258.30	-143.65
			774.90	430.95
LABOUR				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			760.00	400.00
GRAND TOTAL			1,534.90	830.95

RECOMMENDED COST OF REPAIRS (CONFIRMED)			830.95
--	--	--	---------------

Report Ref No. NS/INC18019767/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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