

Surveyor: Kelvin

REF:

NS/WC18019769/Klgbnz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop no/s: _____

of _____

Insured: SCV 6868YPolicy No. 5067117583-04 09/01/18 - 08/01/19Claims No. MT/1018012-001

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: 2 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: SH A9 696H Yr Regn: 2-4, 2014Type: M. Car / M. Cycle / Bus / Van / Lorry / T~~O~~ / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Ix c.c. 1600Colour: yellow A/C: Insured / Std / Nil / NASp. Reading: 60 8516 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KAHLB 414 ME 052 689

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205 / 60 R16

R: _____

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

TOYO / YOKO or Worthlake

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 29/10/18 D.O.I. 30/10/18Survey held at CDGE (Loyang)

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

N/S front

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

Date / Time	Action / Instruction
	SHA 9696H - CS/FCL17000US11 / Urbs2 DCA: 22012017 IM
	SCV 6868Y - X 41
1/11/18	Coloured L/S \$2300 / 2 Days. CRed B 1077.04, 30%.

RECEIVED 01 NOV 2018

Date/Time, File Pass to? ☐ : Preli. Report11/01/19 Final ☐ : Final Report

Date/Time, File Return to?

21

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Report Format: TPLump Sum / L/S: (\$ 2300)

160

Shiau Chan (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, 1 November 2018 9:59 AM
To: Shiau Chan (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: Shiau Chan (LKKAuto) [mailto:siewsc@lkkauto.com]
Sent: Thursday, November 01, 2018 9:43 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 01/11/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Di
1	MT/1018012-001	CITYCAB PTE LTD	SHA 9696H	SCV 6868Y	

Best Regards,

Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd

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

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"/>	5067117583-04		TSOI MING SING	58872370H	GPC	drive CLASSIC	SCV6868Y	SCV6868Y	09/09/2018	08/09/2019

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	30/10/2018 10:05
Date Of Accident	29/10/2018 18:55
Exact Location Of Accident	BRADDELL RD TWDS BARTLEY RD X UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9696H
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	LIM KUAN MENG
NRIC No	S1807488E
Date Of Birth	19/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1986
Driving Experience	32 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96611634
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	20 02-205 HOUGANG AVE 3
Postcode	530020
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?	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

SEE ATTACH.

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

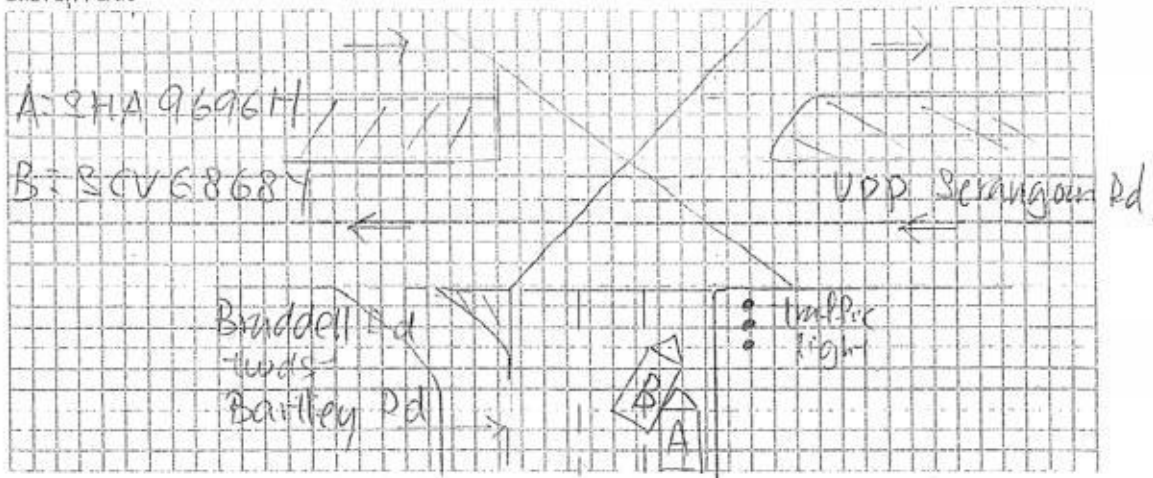
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCV6868Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TSOI WING HUNG
NRIC/Passport Number	S9171900B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR RHT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/10/18 at about 18:55 hrs, I was stopped at above said location waiting for traffic light change. Shortly after traffic light turned to green, a veh bearing SCV6868Y sharply cut into my lane rudely from left hand side. Due to this course, Veh B's right rear portion hit & grazed onto the left front portion of my taxi. Both of us then agreed to exchange particulars. 01 female passenger on board my taxi. No injury reported in this accident.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:


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)

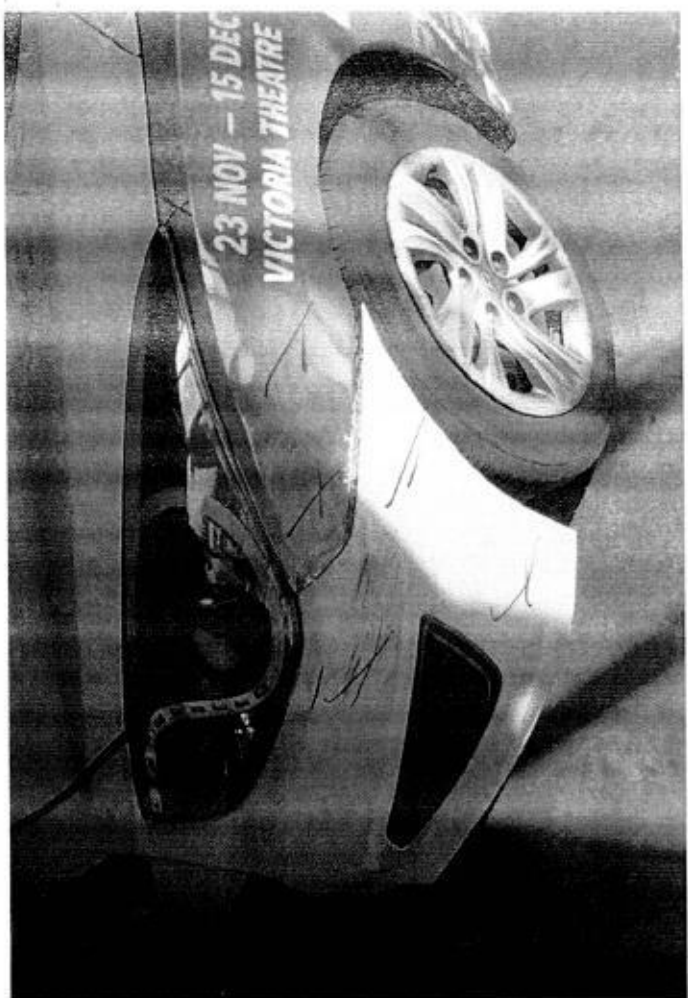
I understand, acknowledge, agree and consent that:

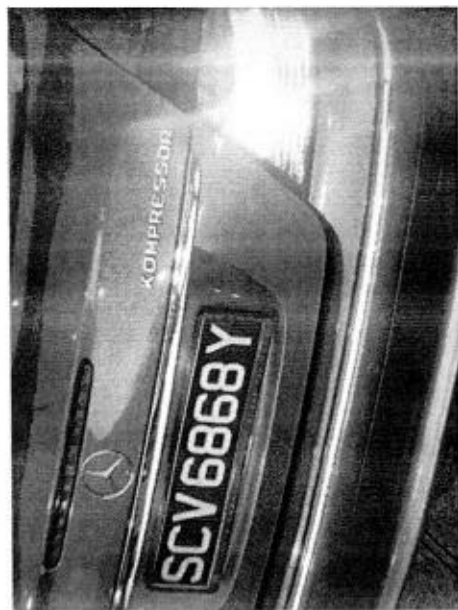
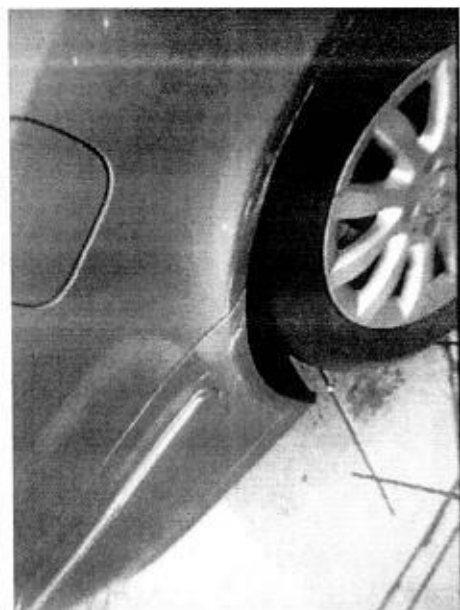
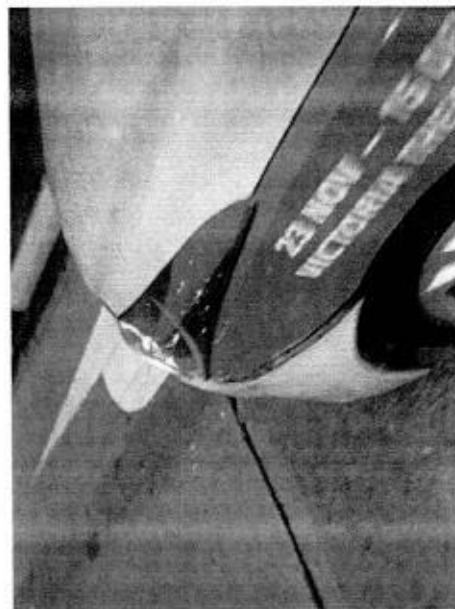
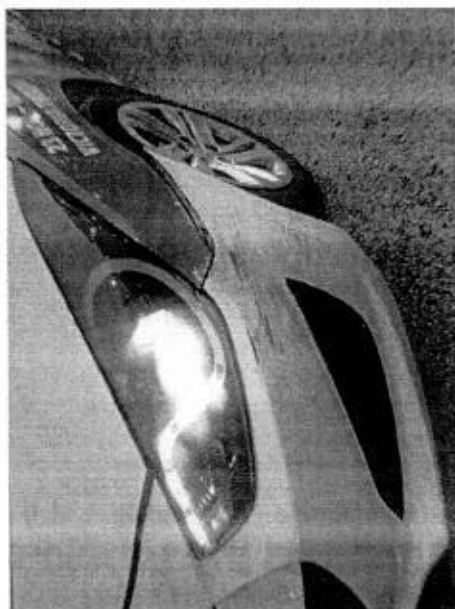
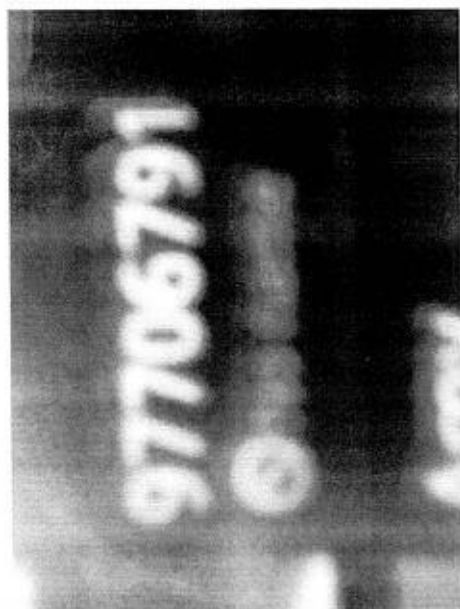
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G
Policyholder's Signature
Date & Time:


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


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





CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 9696H

DATE 30/10/2018 13:30

MAKE :

MODEL : HYUNDAI i40

NTUC/LKK
Left Front

Fz

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 544.50
	Front Bumper Bracket Top (LH)			\$ 22.40
	Front Bumper Bracket (LH)			\$ 24.60
	Headlamp (LH)			\$ 1,388.00
	Front Fender (LH)			\$ 566.30
	Front Fender Shield (LH)			\$ 175.90
	Front Fender Retainer			\$ 24.60
	SUB TOTAL			\$ 2,746.30
	LESS 20%			\$ 549.26
	DISCOUNTED TOTAL			\$ 2,197.04
	Front Fender Advertisement Logo (LH)			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 400.00 300
	Spray Painting Charge			\$ 600.00 400
	Wiring			\$ 30.00 30
	Tuff Kote			\$ 50.00 30
	TOTAL LABOUR			\$ 1,080.00
	ESTIMATE TOTAL			\$ 3,377.04

10/11/16 (LKK)
 1505hrs 30/10/18
 2 Days.
 4/5
 After Repair photo

LKK Auto Consultants hereby 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 surveys on a "Without Prejudice" basis
- No legal cost action (this allowed)
- Supplementary item(s) must be resurveyed and is 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(CFSO)1

JOB CARD

Sales Order: 3869246

JC NO.: 305232286

JMER

CITYCAB PTE LTD

7010070

JMER NO.

383 SIN MING DRIVE

ESS

Singapore SINGAPORE 575717

65551188

(R)

(O)

(P)

JUNT CARD NO.

REGN NO.: SHA9696H

MILEAGE

MAKE : HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 30.10.2018 09:15

YR OF MANU 02.07.2014

TARGET DATE

CHASSIS CODE KMHLB41UMEU052689

COMPLETION DATE/TIME:

Accident Date: 29.10.2018

NATURE: 3P 29.10.18/B

JOB DESCRIPTION

Left Front

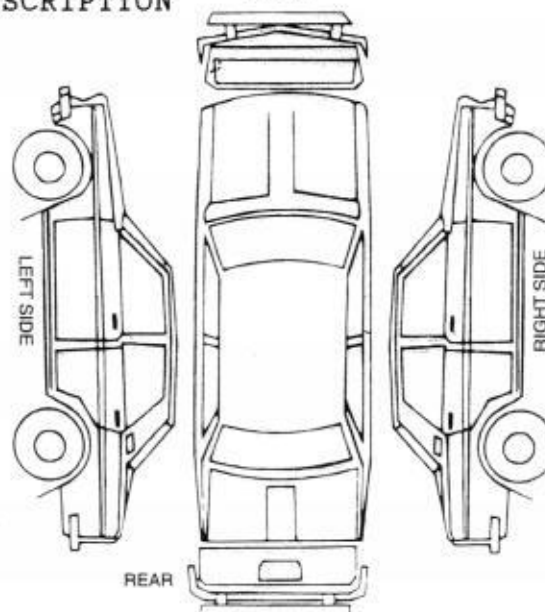
NTUC

S/NO

LABOR CODE

DESCRIPTION

FRONT



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHA9696H

FZ NTUC LKK

Vehicle No.:

SHA9696H

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305232286
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. : SHA9696H

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 --- SCV6868Y
2. The finalized amount shall be:


(a) Spare Parts after List discount		\$0.00
(b) Labour Charges		\$0.00
Total for Part-By-Part Repair Cost		\$0.00
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less:	20%	\$2,300.00
Final Lumpsum Repair cost		\$2,300.00

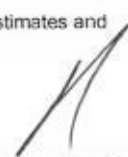
3. Estimated normal period for repairs: 2 working days.

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 : K. A. H.
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/INC18019769/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 05-11-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SCV 6868Y	Veh. Inspected	SHA 9696H
Policy No.	5067117583-04	Coverage (\$)	0.00
Claim No.	MT/1018012-001	Excess (\$)	0.00
Assign From		Assign Date	30/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU052689	Colour	YELLOW
Odometer	608516	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 N/S FRONT 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 9696H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	HEADLAMP (LH)	GRAZED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
	LESS 20% DISCOUNT		-549.26	-499.76
			2,197.04	1,999.04
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	PANEL BEATING.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING.		30.00	30.00
	TUFF KOTE.		50.00	30.00
			1,080.00	760.00
GRAND TOTAL			3,377.04	2,859.04
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,300.00

Report Ref No. NS/INC18019769/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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.