

Shiau Chan (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Friday, 7 December 2018 1:01 PM
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



'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: Friday, December 07, 2018 11:04 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below table.

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	C
1	MT/1022855-002	COMFORT TRANSPORTATION PTE LTD	SHB 6672R	FBH 4978L	

Best Regards,

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

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/12/2018 16:55"/>
Vehicle No.(For Motor)	<input type="text" value="FBH4978L"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	SD94092113-01		NUR ALIFA UMAINA BINTE AB NAZIB	S8823197Z	GMC	Third Party	FBH4978L	FBH4978L	01/10/2018	30/09/2019

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	04/12/2018 11:17
Date Of Accident	04/12/2018 08:20
Exact Location Of Accident	SCOTTS RD TWDS PATERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6672R
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	MERCEDES-BENZ
Model	VIANO

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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	ALVIN CHAN SIW HONG
NRIC No	S7906114Z
Date Of Birth	25/02/1979
Occupation	OUTDOOR
Date Of Driving Pass	22/03/1999
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82018722
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 505A YISHUN STREET 51 #08-06
Postcode	761505
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: : 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

PLS REFER TO 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	FBH4978L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	87516342
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT



No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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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.

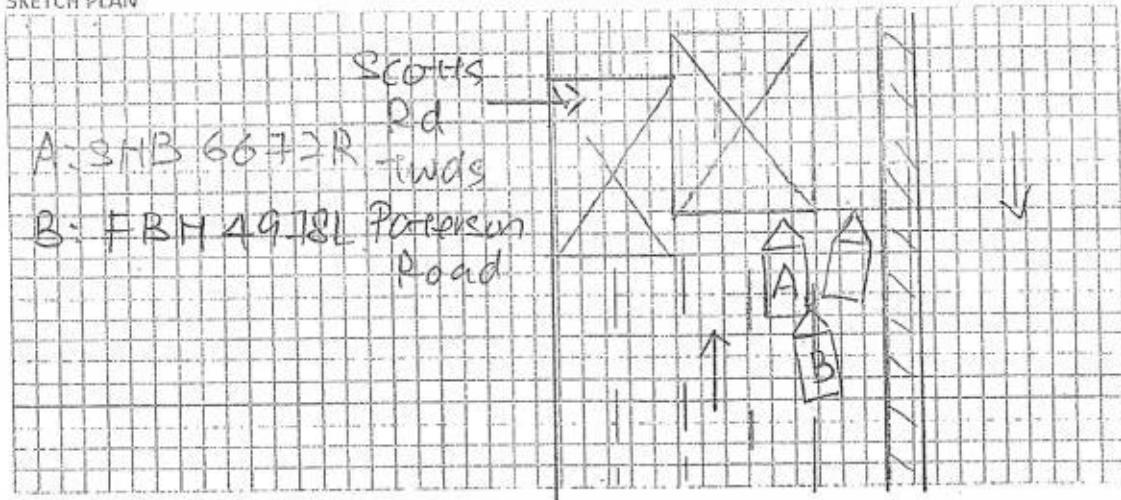
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 192303821R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/12/18 at about 08:20 hrs, I was driving along Scotts road towards Paterson Road with a male pax. My taxi gradually comes to stop before the yellow box as traffic ahead stopped. A few second later, I heard a thud sound come from my behind. A motorcycle FBH 4978L collided onto the rear right portion of my stationary taxi. The motorcyclist spoke that he hit my taxi because of he tried to avoid collision with a car SLS 7546D suddenly changed lane at behind of my taxi. No injury reported at the point of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 192203321R

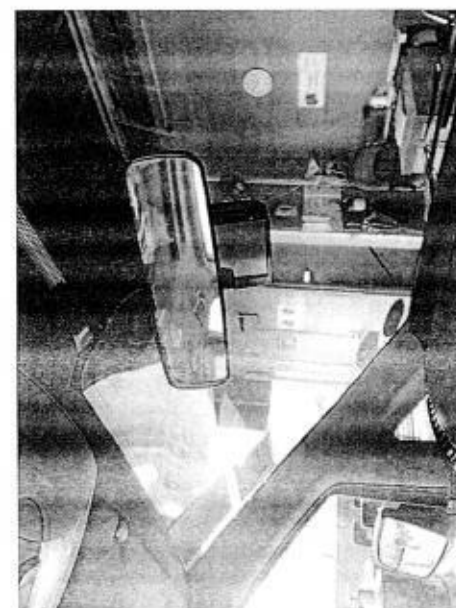
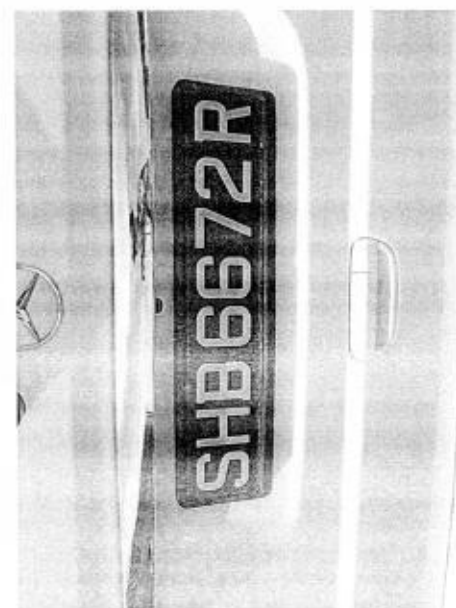
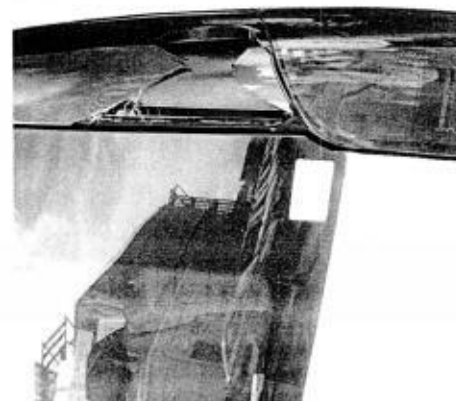
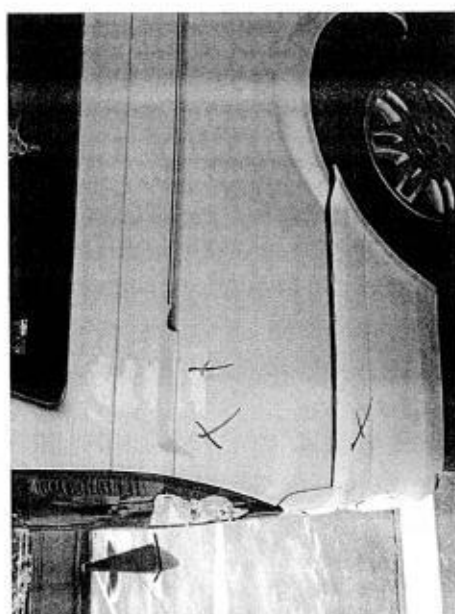
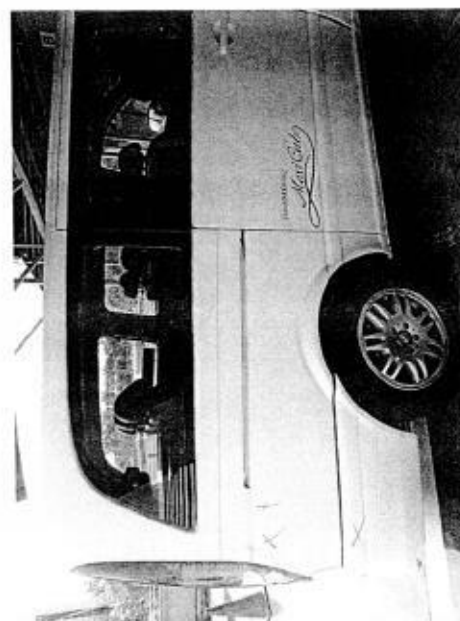
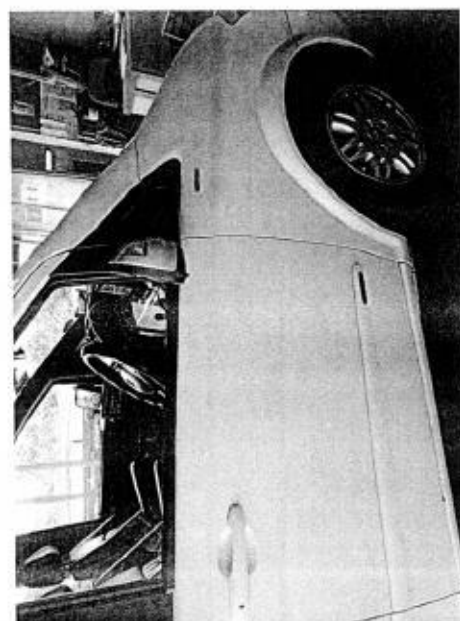
Policyholder's Signature
Date & Time:

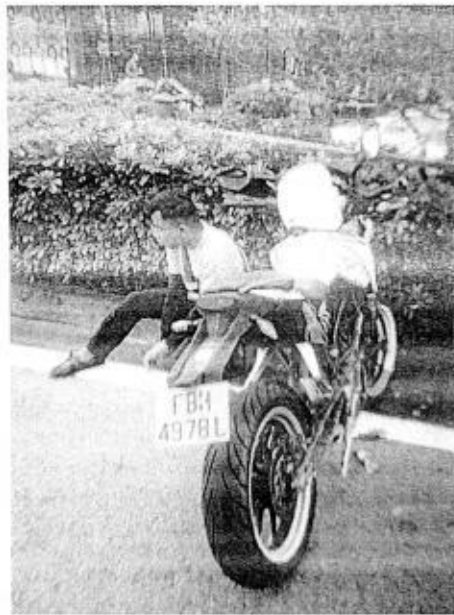
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Luke Wei Yiong

4/12/18





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 6672R

DATE 4/12/2018 14:32

MAKE :

N76

MODEL : MERCEDES BENZ VIANO (REAR)

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper R/H Side, RR <i>✓ cm</i>			\$ 473.60
	Bumper Reflector RR/RH <i>X 5cm</i>			\$ 46.00
	Tail Lamp Assy Lower, RH <i>✓ cm</i>			\$ 622.44
	Rear Fender (RH) <i>X repair</i>			\$ 3,188.00
	SUB TOTAL			\$ 4,330.04
	LESS 20%			\$ 866.01
	DISCOUNTED TOTAL			\$ 3,464.03
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 400.00 <i>400</i>
	Wiring Charge			\$ 30.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>X2,</i>
	TOTAL LABOUR			\$ 880.00
	ESTIMATE TOTAL			\$ 4,344.03

Kahin (AKH)

4/12/18 1515h

2 Reps

4/5

After Repair p Lh

LRK Auto Consultants, hence 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 survey is on a "Without Prejudice" basis.
- No illegal modifications is allowed.
- Supplementary items 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.

A member of COMFORTDELGRO

Date/Time: 04.12.2018 13:32

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305247170

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

R/MS 7010045

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

TEL (R) 65508755

(O)

(P)

DISCOUNT CARD NO.

REGN NO.:

SHB6672R

MILEAGE

MAKE:

MERCEDES BENZ

FUEL

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

MODEL

VIANO CDI 2.2L

DATE/TIME IN

04.12.2018 10:10

YR OF MANU

24.10.2013

TARGET DATE

CHASSIS CODE

WDF63981323808485

COMPLETION DATE/TIME:

JOB DESCRIPTION

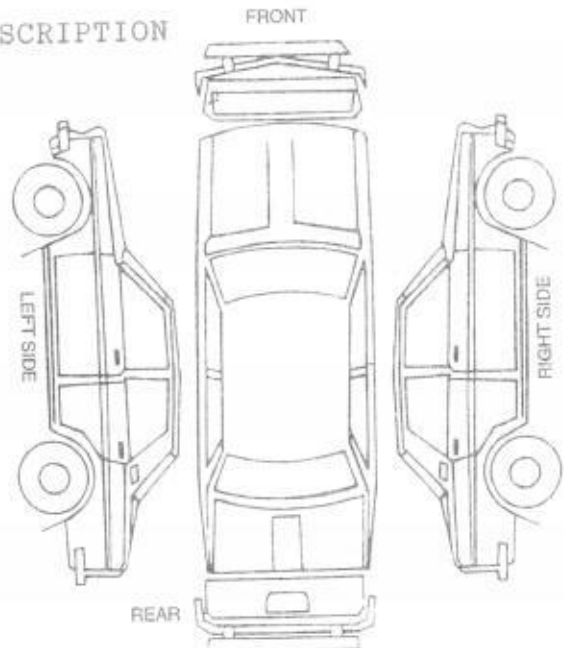
Accident Date: 04.12.2018

NATURE: 3P 04.12.2018

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Name:

Vehicle No.:

Vehicle No.:

SHB6672R

CHIANG

SHB6672R

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305247170
Date : 04/12/18

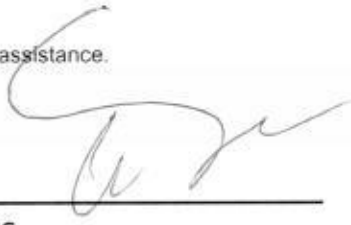
FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SHB6672R

Fax :

04/12/18

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

- The repair job shall bill to: NTUC FBH4978L
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges
 - Total for Part-By-Part Repair Cost
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost \$1,200.00
- Estimated normal period for repairs: 2 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.

Signature :
Name : CHIANG
Tel : 62148314
Fax : 65468156

We confirm the estimates and
finalized amount

Signature :
Name : Kalvin
Date : 6/12/18

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/INC18021828/K1qbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 14-12-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FBH 4978L	Veh. Inspected	SHB 6672R	
Policy No.	5094092113-01	Coverage (\$)	0.00	
Claim No.	MT/1022855-002	Excess (\$)	0.00	
Assign From		Assign Date	04/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ VIANO	c.c	2143	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	WDF63981323808485	Colour	WHITE	
Odometer	420558	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/60 R16C	HANKOOK	7 mm	
L/H Front Tyre	225/60 R16C	HANKOOK	7 mm	
R/H Rear Tyre	225/60 R16C	HANKOOK	7 mm	
L/H Rear Tyre	225/60 R16C	HANKOOK	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	04/12/2018	Inspection Date	04/12/2018	
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. SHB 6672R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER R/H SIDE,RR	CRACKED	473.60	473.60
1	BUMPER REFLECTOR RR/RH	SERVICEABLE	46.00	-
1	TAIL LAMP ASSY LOWER,RH	CRACKED	622.44	622.44
1	REAR FENDER (RH)	TO REPAIR SEE LABOUR	3,188.00	-
	LESS 20% DISCOUNT		-866.01	-219.21
			3,464.03	876.83
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER (RH).		400.00	200.00
	SPRAY PAINTING CHARGE.		400.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			880.00	620.00
	GRAND TOTAL		4,344.03	1,496.83
	RECOMMENDED COST OF LUMP SUM REPAIR (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,200.00

Report Ref No. NS/INC18021828/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

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