



## Denise Tay (LKKAUTO)

**From:** mtreg <mtreg@income.com.sg>  
**Sent:** Tuesday, 11 December 2018 1:36 PM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** FW: REQUEST CLAIM NUMBER

Hi

All claim created.

With Regards

**Azlin Rani**  
Senior Administrator, Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)



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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](mailto:mtcl@income.com.sg) so that we can attend to it accordingly.'*

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**From:** Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]  
**Sent:** Tuesday, 11 December, 2018 8:33 AM  
**To:** mtreg  
**Subject:** REQUEST CLAIM NUMBER

### TP Claims against NTUC Income: Follow-Through Survey

Date : 11/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D
1	MT/1022718-002	COMFORT TRASPORTATION PTE LTD	SHC 8138Z	SHD 2607X	
2	MT/1022895-001	COMFORT TRASPORTATION PTE LTD	SHC 7617P	SLB 5490H	

Best Regards,

Denise Tay | Case Handler

eBaoTech

Hello, NAC\_PAYA\_UBI\_800601

General Claim

[My Desktop](#)  
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## 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"/>	5068045737-04		PRIME CAR RENTAL & TAXI SERVICES PTE. LTD.	199606293Z	GFT	Third Party, Fire & Theft	SHD2607X	SHD2607X	09/10/2018	

## 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	05/12/2018 17:06
Date Of Accident	05/12/2018 14:45
Exact Location Of Accident	BRADDELL RD TWDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8138Z
<b>Insured/Policyholder</b>	
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	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-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	YONG CHOON SENG
NRIC No	S1465389I
Date Of Birth	02/08/1953
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1973
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97466189
Fax Number	
Contact Number	
Email Address	STEVENYONG28@YAHOO.COM.SG

Address	BLK 230 BUKIT BATOK EAST AVENUE 3 #07-216
Postcode	650230
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	DRIZZLING
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

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	SHD2607X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ZULKIFLEE BIN ABDUL HAMID
NRIC/Passport Number	S7731139D
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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. 192263321R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 05.12.2018

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

GIARMC SketchPlanForm\_V3



# Sketch Plan Pg. 2

## SKETCH PLAN

A - SMC 8138 Z  
B - SHD 2607X

BUS STOP

BRANDELL ROAD

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* Statement attached \*

## 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: 05.12.18  
1630 h

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

CIAMAC SketchPlanForm\_V3

Describe Circumstances of the Accident.

On 05.12.2018 at about 1445hrs, I was driving my Comfort taxi, SHC8138Z, on lane 2 along Braddell Rd towards CTE with 1 male pax. It was drizzling and moderate traffic.

Somewhere near a bus stop, the front vehicles slowed down and stopped. I stopped too.

Right after I had stopped, I felt an impact from the rear. A Prime taxi, B, had hit my taxi rear.

I have a video recording of the accident impact and photos taken at the scene.

No injury.

## Declaration

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

COMFORT TRANSPORTATION PTE LTD  
CO REG. NO. 199203321F

Policyholder's Signature/Date &  
Time

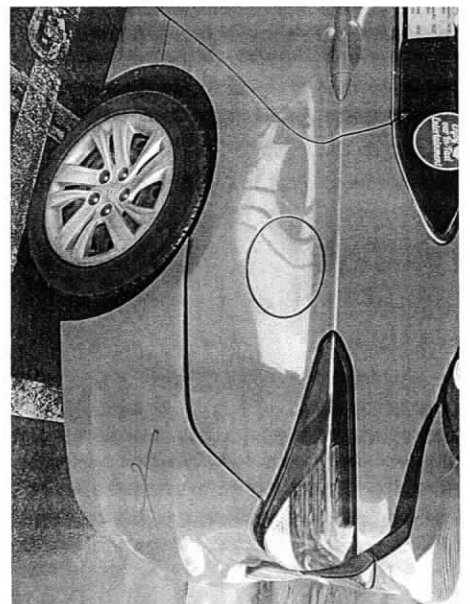
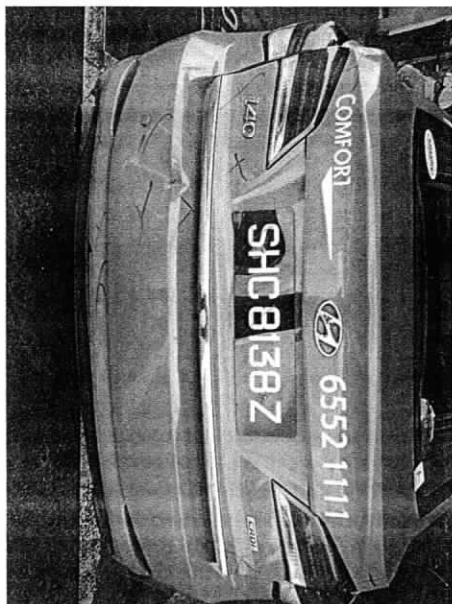
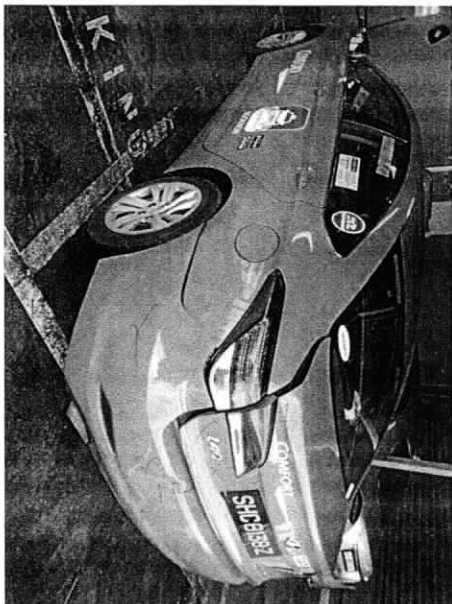
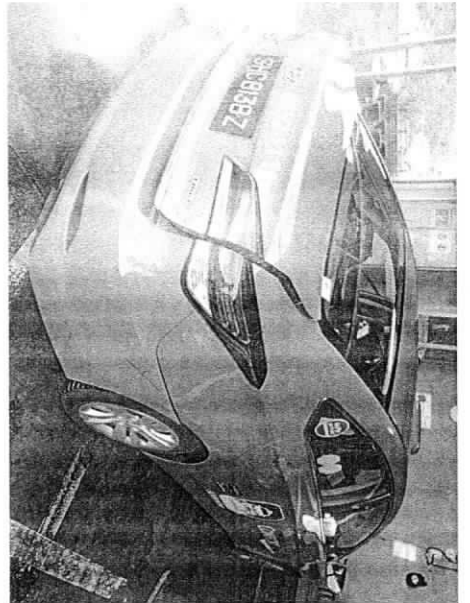
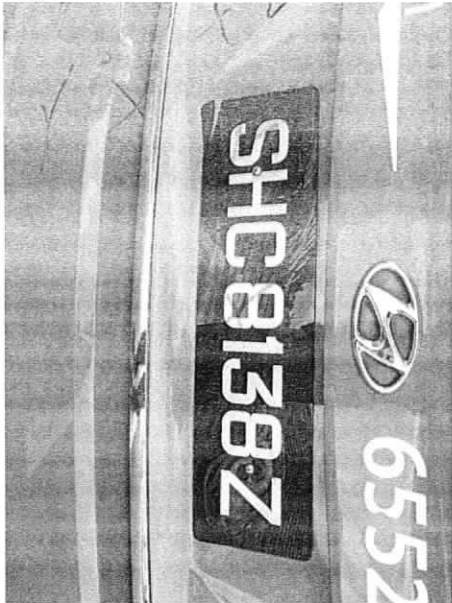
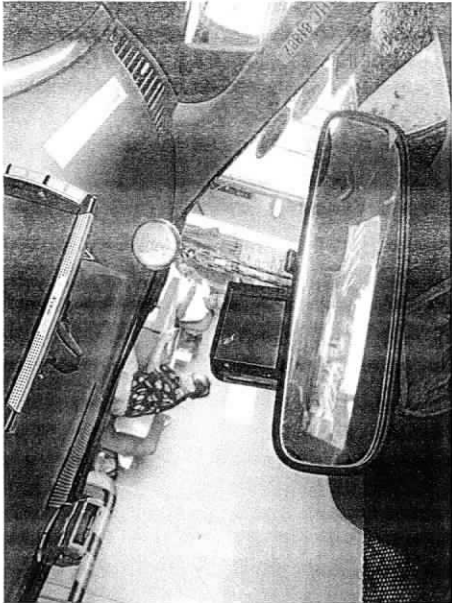
Driver's Signature (If driver is not the policyholder)/Date  
& Time 05:12:18

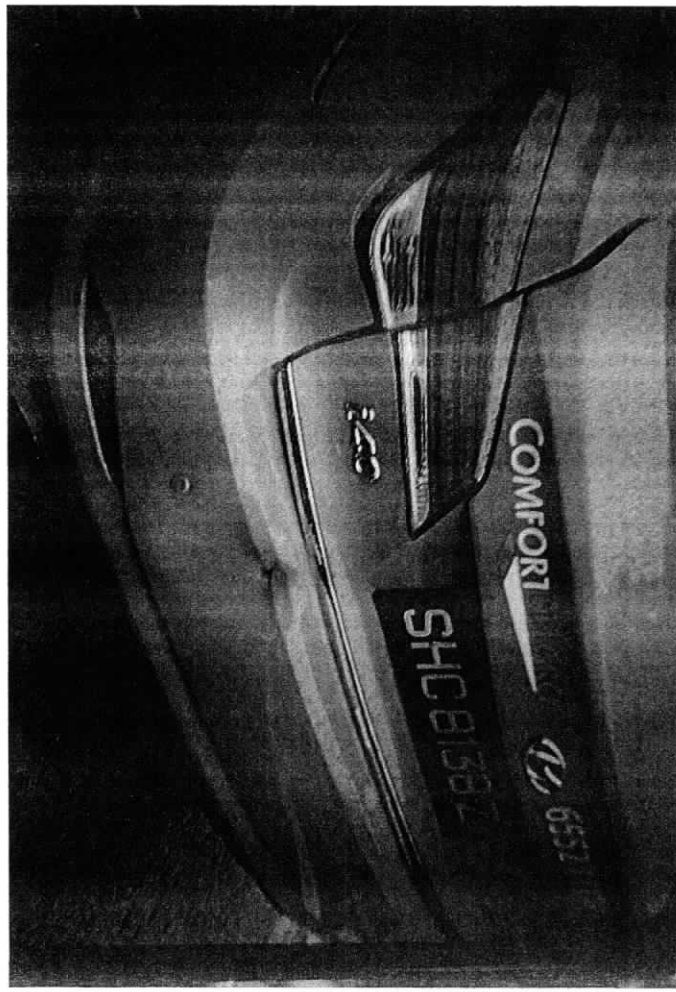
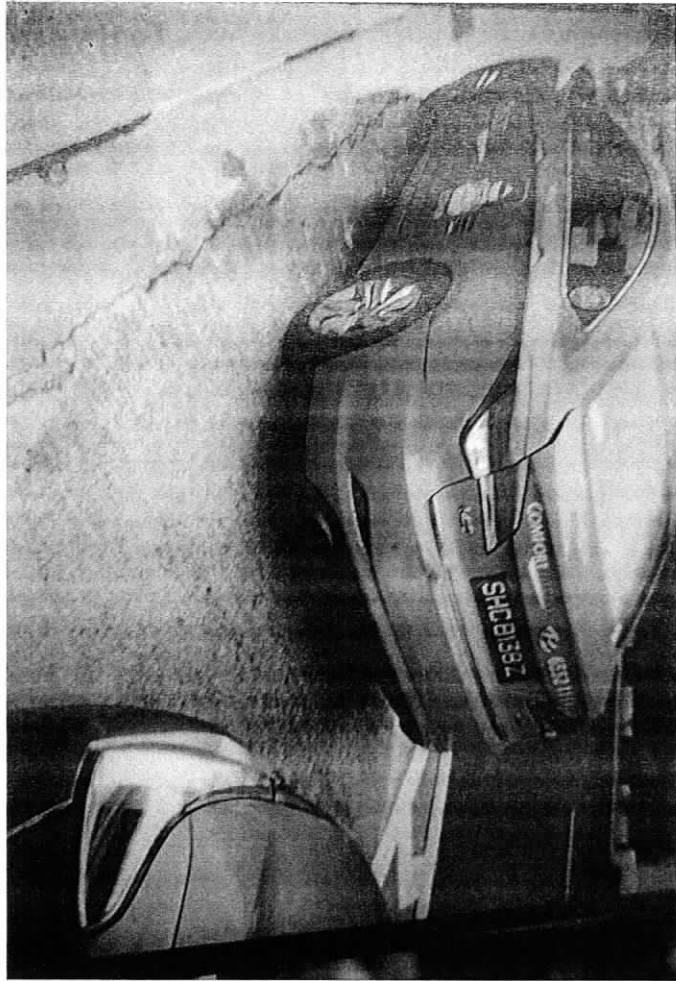
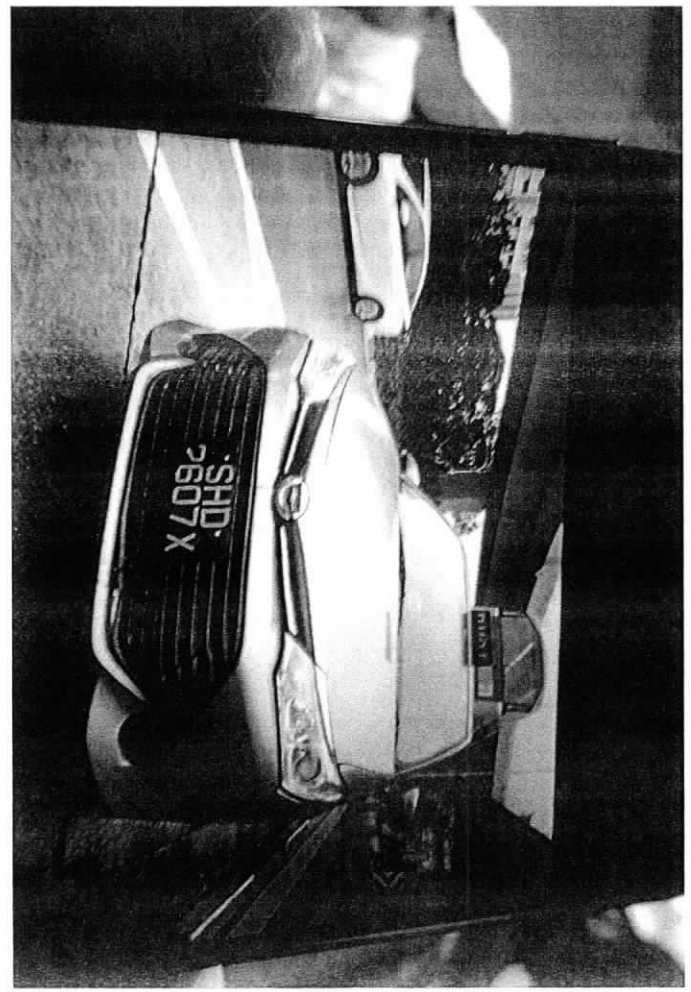
05-12-18  
1630hrs

Witnessed by Reporting  
Centre Personnel

Larry Ng







Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305247735

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

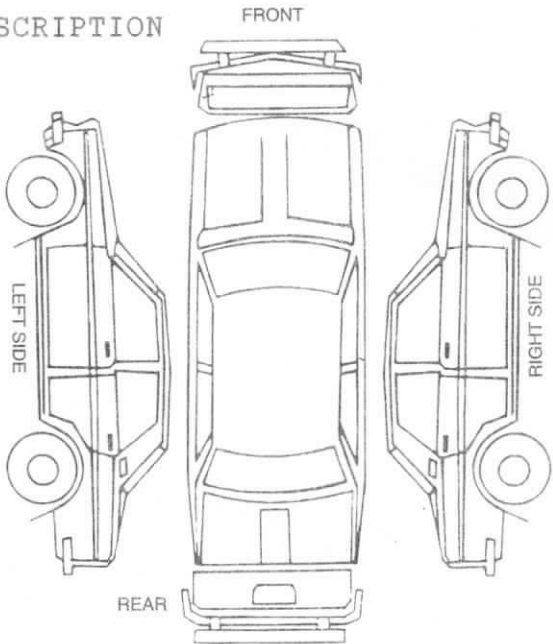
UNT CARD NO.

REGN NO.: SHC8138Z	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 05.12.2018 16:00
YR OF MANU 21.04.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU087801	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.12.2018  
NATURE: 3P 05.12.2018

S/NO LABOR CODE DESCRIPTION



ICKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC8138Z

LKE

Exit Pass

Vehicle No.:

SHC8138Z

f Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8138Z

DATE 6/12/2018 15:33

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Repair</i>			\$ 2,174.90
	Boot Lid Lock Upper <i>X sue</i>			\$ 102.60
	Boot Lid Lock Lower <i>X sue</i>			\$ 31.70
	Boot Lid 'H' Emblem <i>- sue</i>			\$ 28.70
	Boot Lid CRDI Plate <i>- sue</i>			\$ 27.90
	Boot Lid Lamp (LH) <i>X sue</i>			\$ 565.60
	Bootlid Moulding <i>X sue</i>			\$ 227.90
	Bootlid i40 Emblem <i>- sue</i>			\$ 27.90
	Bootlid Lower Garnish <i>X repair</i>			\$ 227.90
	Rear Bumper <i>Reborned</i>			\$ 553.00
	Rear Bumper Reinforcement <i>- cr</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>LH RH X repair</i>		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>- sue</i>			\$ 22.00
	Rear Bumper Bracket <i>X sue</i>		\$ 35.60	\$ 71.20
	Rear Bumper Sponge <i>- trim</i>			\$ 103.50
	Rear Bumper Under Cover <i>- cut</i>			\$ 228.00
	Tail Lamp (LH) <i>X sue</i>			\$ 697.80
	Rear Panel <i>X repair</i>			\$ 526.70
	Rear Panel Garnish <i>X sue</i>			\$ 57.70
	Rear Panel Lower Panel <i>X repair</i>			\$ 89.40
	<b>SUB TOTAL</b>			<b>\$ 6,353.40</b>
	<b>LESS 20%</b>			<b>\$ 1,270.68</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 5,082.72</b>
	Boot Lid Comfort Logo & Tel No. Sticker <i>sue</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>shut</i>			\$ 135.70
				<b>\$ 165.70</b>
	<b>Labour Charge</b>			
	Panel Beating <i>6/12/8, 1600h</i>			\$ <del>800.00</del> <i>600</i>
	Spray Painting Charge <i>3 hrs</i>			\$ <del>900.00</del> <i>800</i>
	Wiring Charge <i>4h</i>			\$ <del>30.00</del> <i>20</i>
	Tuff Kote <i>After Repair photo</i>			\$ <del>50.00</del> <i>20</i>
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> <i>30</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,860.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 7,108.42</b>

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.

L/K/Kalvin

L/Sun

L/K

NTUC

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305247735

Date : 08/12/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. : SHC8138Z CTPL

05.12.18

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

1. The repair job shall bill to: **NTUC** --- **SHD2607X**
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)  
Total for Lumpsum repair cost after Less: 20% **\$3,650.00**  
**Final Lumpsum Repair cost** **\$3,650.00**

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : KALVIN ANG

Date : 10/12/18

### 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		NO		
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/INC18022006/K1vbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 27-12-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHD 2607X	Veh. Inspected	SHC 8138Z	
Policy No.	5068045737-04	Coverage (\$)	0.00	
Claim No.	MT/1022718-002	Excess (\$)	0.00	
Assign From		Assign Date	06/12/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU087801	Colour	BLUE	
Odometer	491684	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	CAMPEON	7 mm	
L/H Front Tyre	205/60 R16	CAMPEON	7 mm	
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	05/12/2018	Inspection Date	06/12/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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 2

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8138Z**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BOOT LID	BENT	2,174.90	2,174.90
1	BOOT LID LOCK UPPER	SERVICEABLE	102.60	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID 'H' EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
1	BOOT LID LAMP (LH)	SERVICEABLE	565.60	-
1	BOOTLID MOULDING	SERVICEABLE	227.90	-
1	BOOTLID I40 EMBLEM	NECESSARY	27.90	27.90
1	BOOTLID LOWER GARNISH	TO REPAIR SEE LABOUR	227.90	-
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	CRACKED	428.40	428.40
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	N/S BENT / O/S TO REPAIR SEE LABOUR	160.60	80.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	TORN	103.50	103.50
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
1	TAIL LAMP (LH)	SERVICEABLE	697.80	-
1	REAR PANEL	TO REPAIR SEE LABOUR	526.70	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR SEE LABOUR	89.40	-
LESS 20% DISCOUNT			-1,270.68	-734.92
			5,082.72	2,939.68
<b><u>SPECIAL NETT ITEMS</u></b>				
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
			165.70	165.70

Report Ref No. NS/INC18022006/K1vbe2



# 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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH, REAR BUMPER REINFORCEMENT BRACKET (RH), REAR PANEL AND REAR PANEL LOWER PANEL.		800.00	600.00
	SPRAY PAINTING CHARGE.		900.00	800.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			1,860.00	1,470.00
	<b>GRAND TOTAL</b>		<b>7,108.42</b>	<b>4,575.38</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>3,650.00</b>

Report Ref No. NS/INC18022006/K1vbe2

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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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.