

10/1/19

Surveyor:

Naz

REF: NS/INC18022882 / NSd352

INC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJF 96355

Policy No. 5101305323 (14/6/18-17/6/19)

Claims No. MT/1024579-002

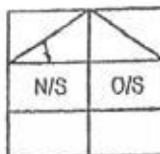
Sum Insured: _____ Excess: _____

(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 Report: _____ Consistent? : Yes or No

CIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 4374D Yr Regn: 12 JUL 2012

Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HYUNDAI SONATA C.C. 1991

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

Sp. Reading 339,325 T/Radip: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET41VMCA827010

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim or

Tyre Siz: F: 215 / 60 R16

R: 11

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

TOYO / YOKO or WESTLAKE

Front: _____ Rear: _____

R/Bal. 5 mm R/Bal. 6 mm

L/Bal. 5 mm L/Bal. 6 mm

D.O.A. 19/12/18 D.O.I. 20/12/18

Survey held at CDGE LOYANG

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

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

Date / Time Action / Instruction
COE rebate \$16,990.00

SHD 4374D-X
SJF 96355-X

21/6/19 Confirmed HS \$2,100/- @ 3 days with Naz
(\$3,366.22 Rd - 62%)

INC LIS

[Signature]
21/1/2019

RECEIVED 25 JAN 2019

Date/Time, File Pass to?

25/01/19

1) Typist
Date/Time, File Return to?

2) _____

☐ : Preli Report

☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) \$ + RS. \$ _____

☐ : Interview (\$ _____) Photos

☐ : Tech. Invs (\$ _____) Others

☐ : Weekend (\$ _____)

TOTAL

Report Format:

Lump Sum / I.B.I: (\$ 2,100/- HS)

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="19/12/2018 08:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SJF9635J"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5101305323		CHAW LEE FUN	S8030351C	GPC	drivo CLASSIC	SJF9635J	SJF9635J	14/06/2018	17/06/2019
<input type="button" value="Continue"/>										

Denise Tay (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Tuesday, 22 January 2019 1:13 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

All claims 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



From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Tuesday, January 22, 2019 8:44 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

TP Claims against NTUC Income: Follow-Through Survey

Date : 22/1/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative
1	MT/1012820-002	SMRT BUS	SMB 1520U	CB 6864M	21/9/2018	13:35	\$ 7,019.80	\$
2	MT/1024579-002	COMFORT TRANSPORTATION PTE LTD	SHD 4374D	SJF 9635J	19/12/2018	18:00	\$ 4,379.40	\$
3	MT/1019716-002	SMRT BUS	SMB 203S	SJM 3280B	12/11/2018	17:30	\$ 4,627.63	\$

Claim received from LKK Auto

Date/Time: 20.12.2018 14:02 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3883789

JC NO.: 305252990

OMER

IS

OMER NO.

TESS

(R)

(P)

DUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.:

SHD4374D

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

SONATA

DATE/TIME IN

19.12.2018 18:50

YR OF MANU

12.07.2012

TARGET DATE

CHASSIS CODE

KMHET41VMCA827010

COMPLETION DATE/TIME:

Accident Date: 19.12.2018

NATURE: 3P 19.12.18/B

JOB DESCRIPTION

REAR

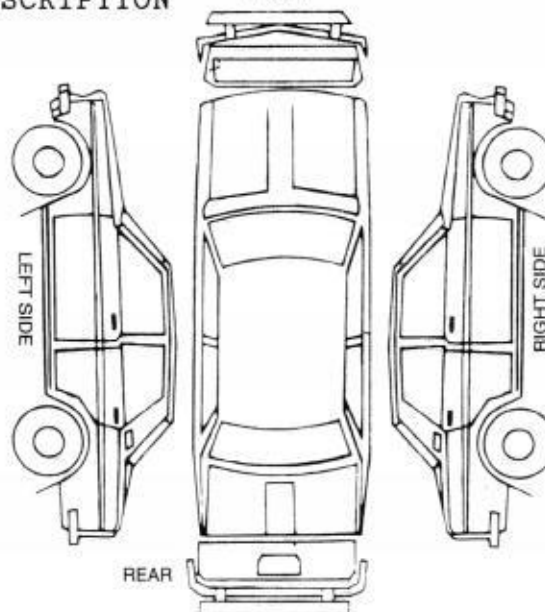
*NTUC
SJP9635J*

S/NO

LABOR CODE

DESCRIPTION

FRONT



MAILED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SHD4374D

FZ (NTUC)

Vehicle No.:

SHD4374D

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	20/12/2018 12:06
Date Of Accident	19/12/2018 18:00
Exact Location Of Accident	UBI ROAD 1 BF UBI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4374D
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	HYUNDAI
Model	SONATA

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	HIA LIANG WAH
NRIC No	S0741231B
Date Of Birth	14/06/1946
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1964
Driving Experience	54 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81663638
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 142 LORONG 2 TOA PAYOH #05-176
Postcode	310142
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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

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	SJF9635J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S8036314A
Contact Number	83333032
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKB4481C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S1641462Z
Contact Number	98348190
Address	
Postcode	
Insurance Company Name	
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.
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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19920321R

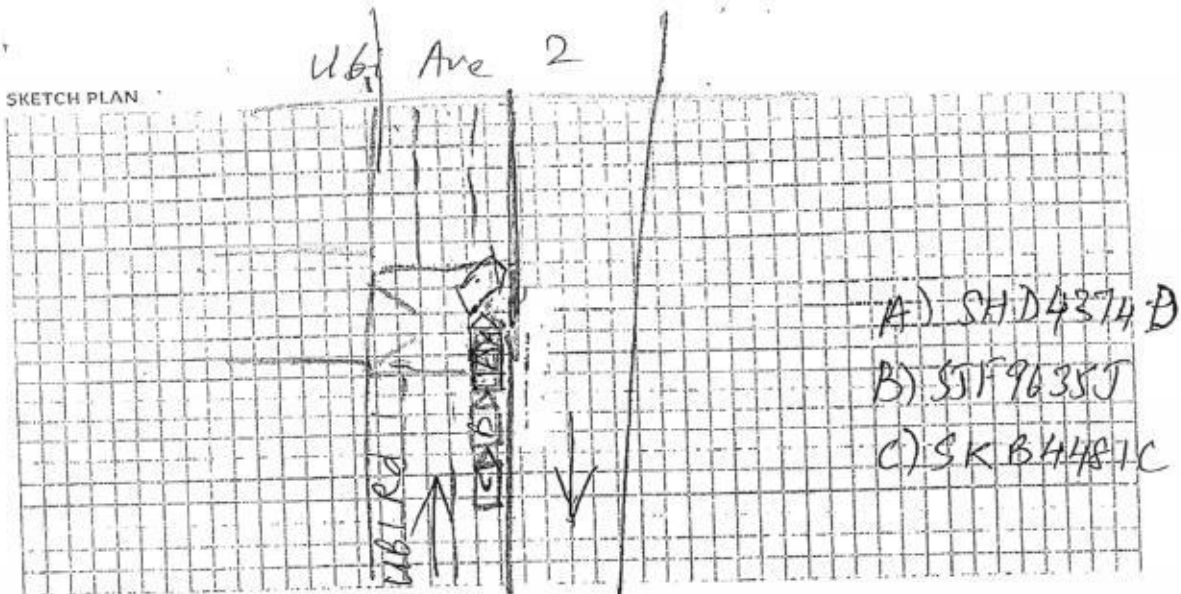
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/12/18 at about 1800hrs while I Veh A just moved after stopping before the ^{Yellow} Box junction, Veh B collided on the rear of my stationary vehicle and forced my vehicle forward but luckily there was no collision with the vehicle in front. When I came out to check, it was realised that Veh C was also involved in the chain collision.

DECLARATION

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

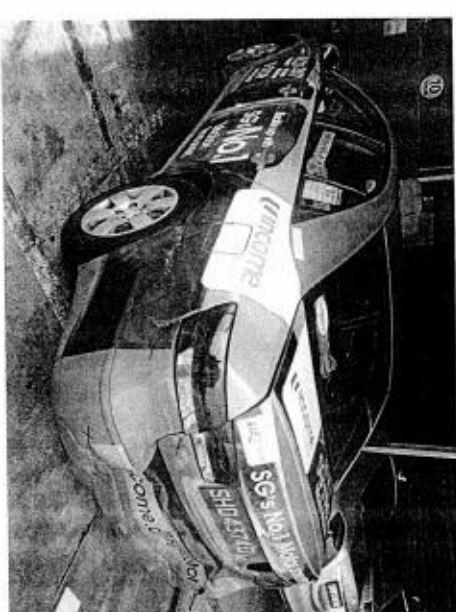
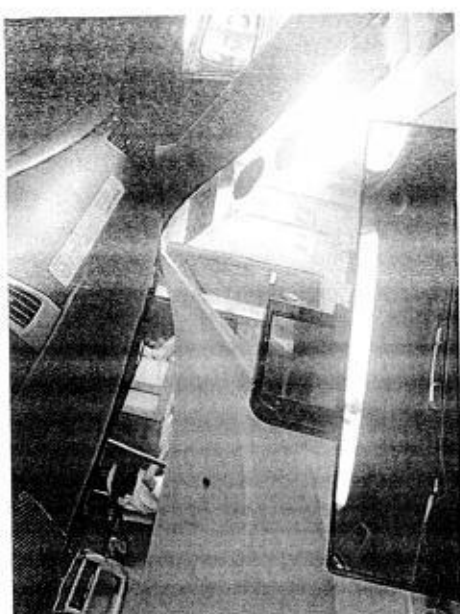
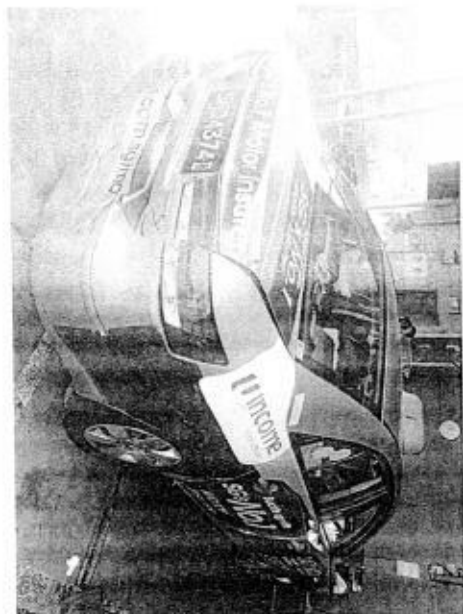
COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199203921R

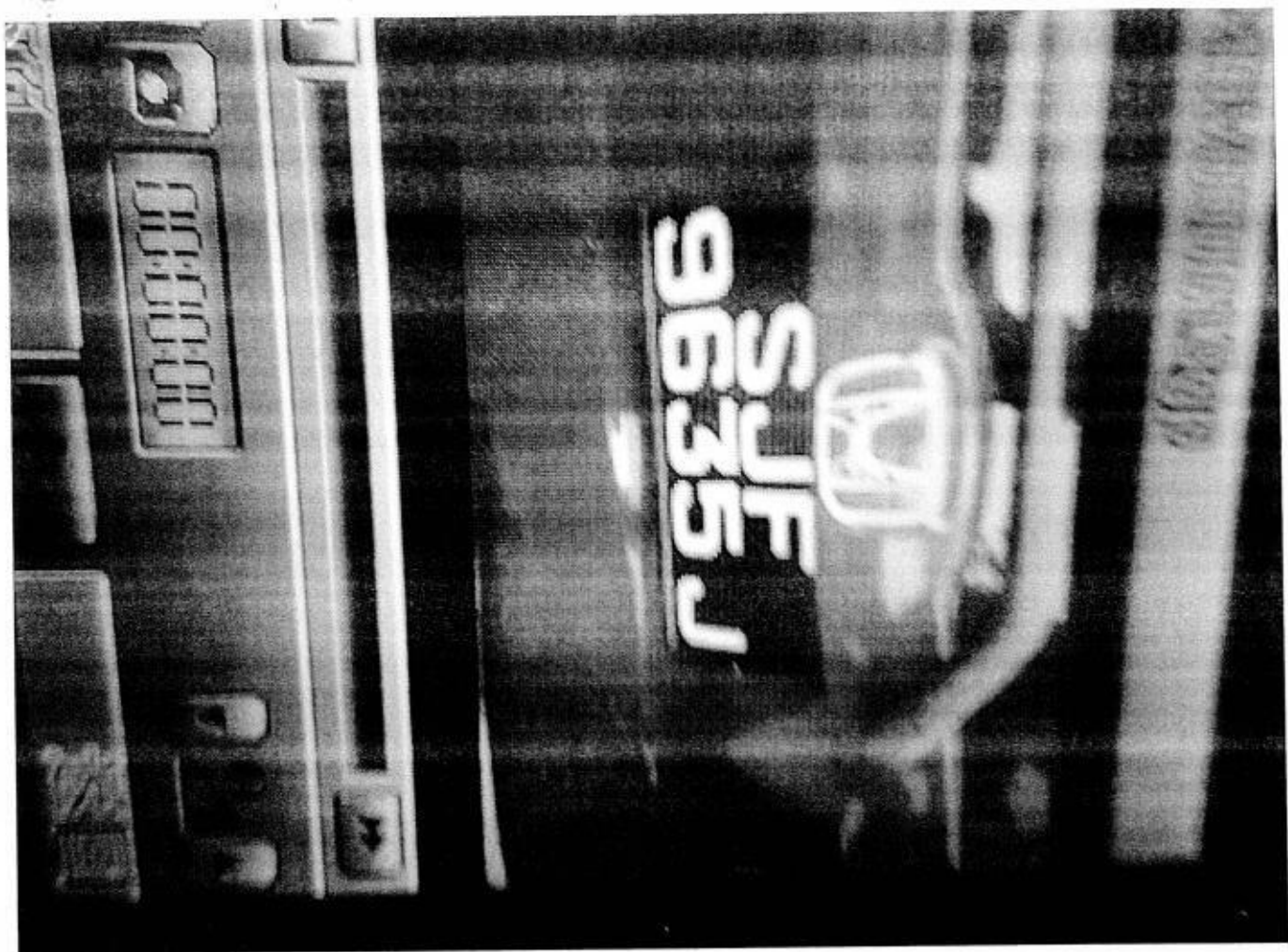
Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

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





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4374D

DATE 20/12/2018 14:17

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid			\$ 1,349.50
	Boot Lid Lock Upper			\$ 132.10
	Boot Lid Lock Lower			\$ 30.30
	Boot Lid Sonata Plate			\$ 43.60
	Boot Lid Hyundai Plate			\$ 24.20
	Boot Lid 'H' Emblem			\$ 26.10
	Boot Lid CRDI Plate			\$ 22.70
	Boot Lid Trimboard			\$ 165.40
	Boot Lid Trimboard Clips (10pcs)			\$ 10.00
	Rear Bumper			\$ 578.40
	Rear Bumper Reinforcement			\$ 483.30
	Rear Bumper Clip			\$ 22.00
	Rear Bumper Sponge			\$ 137.40
	Rear Bumper Under Cover			\$ 185.80
	Rear Bumper Protector (LH/RH)		\$ 38.00	\$ 76.00
	Rear Panel			\$ 391.80
	Rear Panel Garnish			\$ 95.80
	SUB TOTAL			\$ 3,774.40
	LESS 20%			\$ 754.88
	DISCOUNTED TOTAL			\$ 3,019.52
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00
	Boot Lid Advertisement Logo			\$ 100.00
	Rear No. Plate			\$ 25.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
	Rear Windscreen Sealant			\$ 46.00
	Labour Charge			\$ 586.70
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 900.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 1,860.00
	ESTIMATE TOTAL			\$ 5,466.22
<p>NAZ LKK 20/12/18 LIS 3 Days</p> <p>CHECK ITEMS PHOTOS AFTER REPAIR PHOTOS</p> <p>request look value (need to check ML to see if economical to repair)</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>				

REPAIR ESTIMATE*

MAKE :

MODEL : HYUNDAI SONATA

DATE 20/12/2018 14:17

4/5

$$\overline{t_2}$$
Page 1 of 1

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305252990
Date : 21.12.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHD4374D

Date of Accident : 19.12.2018

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

1. The repair job shall bill to: NTUC --- SJF9635J
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% \$2,100.00
Final Lumpsum Repair cost \$2,100.00

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : NAZ LKK

Date : 16/1/19

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:
