

NS/INC19002414/Nvd382

Surveyor: <u>NA2</u>	REF: <u>INC</u>	LIKE
----------------------	-----------------	------

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: FBB5784D
 Policy No. 5099276735 (24/3/18-23/3/19)
 Claims No. MT 1031296-004
 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
 CIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Turn Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB 4268M Yr Regn: 2 APR 2015
 Type: M.Car / M.Cycle / BUS / Van / Lorry / ☒ Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI 140 c.c. 1,685
 Colour: BLUE A/C: ☒ Insured / Std / NI / NA
 Sp. Reading: 422 261 T/Radi: ☒ Insured / Std / NI / NA
 Eng/No: _____
 C/No: KM11L841UMFU067878
 Gen. Cond: Good ☒ Fair / Poor / Burnt
 Steering: ☒ In order / Jammed / Leaked / Burnt or
 Brake: ☒ In order / Jammed / Leaked / Burnt or
 Modl: NI / S/Rim / STD A/Rim or
 Tyre Siz: F: 205/60 R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or HANKOOK

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>4/2/19</u>	D.O.A. <u>8/2/19</u>

 Survey held at COGE WYANG
 Des. of Damages: Frl / Rear / ☒ O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	SHB 4268M - CS/FCI 18019243 / Uad 382 DOA: 17/10/2018
	FBB5784D - NA/INC14005927 / d2 DOA: 26/3/2019
26/2/19	FINALISED. Lump sum REPAIR \$2,650 / 3 Days
	(Red 1758.92, 401)
	RECEIVED 27 FEB 2019

Date/Time, File Pass to? ☐ : Preli Report
☐ : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) 27/2-typer
 Report Format: TP
 Lump Sum / I.B.I: (\$) 2650/k

Days Of Repair: 3
 Resurvey No. of Trip: 1 Survey Fee: _____
 Transportation: _____
 Add Fee: ☐ : Site Insp (\$) _____ S + RS _____
☐ : Interview (\$) _____ Photos _____
☐ : Tech. Invo (\$) _____ Others _____
☐ : Weekend (\$) _____
 TOTAL _____

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, 27 February 2019 1:21 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR 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

in with you

'With effect from 1 Mar 2019, we will be discontinuing mailbox, mtreg@income.com.sg. 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]
Sent: Wednesday, 27 February 2019 10:34 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 No.
1	MT/1031296-004	COMFORT TRANSPORTATION PTE LTD	SHB 4268M	FBB 5784D
2	MT/1033875-001	COMFORT TRANSPORTATION PTE LTD	SHA 4179S	FBB 5300S
3	MT/1030831-002	COMFORT TRANSPORTATION PTE LTD	SHC 8368B	SLP 3509D

D.O.A	Time of Accident	Estimate	Tentative repair cost
-------	------------------	----------	-----------------------

4/2/2019	11:30	\$4,408.92	\$2,650.00
7/2/2019	13:55	\$2,228.24	\$900.00
6/2/2019	20:30	\$1,855.00	\$1,250.00

Claim received from LKK Auto

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.

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/02/2019 17:19"/>							
Vehicle No.(For Motor)	<input type="text" value="FBB5784D"/>	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"/>	5099276735		AMINNUR HAMZAH BIN JAMALUDIN	S9834607D	GMC	Third Party	FBB5784D	FBB5784D	24/03/2018	23/03/2019
<input type="button" value="Continue"/>										

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	07/02/2019 13:55
Date Of Accident	04/02/2019 11:30
Exact Location Of Accident	CTE TWDS CITY YIO CHU KANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4268M
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	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	ANTHONY MUTHU PAUL
NRIC No	S0171599B
Date Of Birth	22/09/1951
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1982
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93863538
Fax Number	
Contact Number	
EEmail Address	ANTHONY.P.P@GMAIL.COM

Address	BLK 279A SENGKANG EAST AVE #14-523
Postcode	540279
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190204/2160 * TYPE OF ACCIDENT :- HEAD TO SIDE

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	FBB5784D
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Vehicle Category	MOTORCYCLE

Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM9085K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	WHOLE LH SIDE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANTHONY MUTHU PAUL
Approximate Age	
Injuries Sustain	RIGHT SHOULDER AND BACK
Injured person in which vehicle?	SHB4268M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN(RIDER)
Approximate Age	
Injuries Sustain	UNSURE
Injured person in which vehicle?	FBB5784D
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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. 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.:

SKETCH PLAN

Sketch attach.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police
Report. T/20190204/2160

DECLARATION

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

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

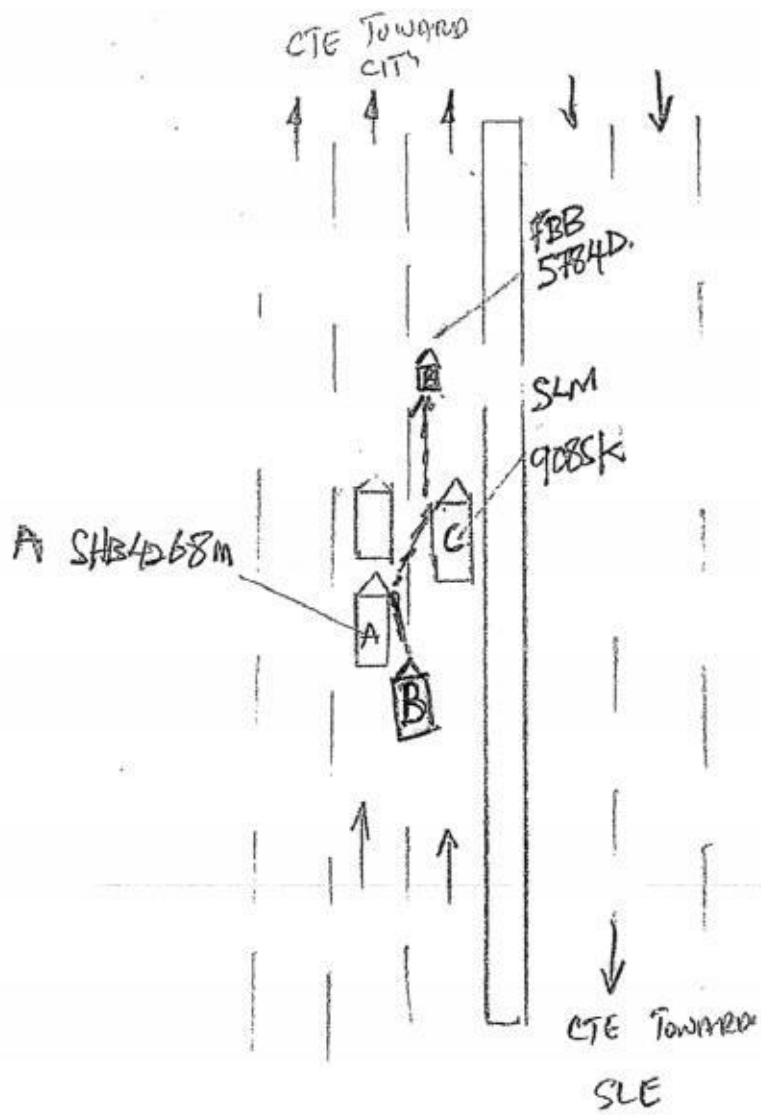
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

J. Namf 7/8/19

Sketch Plan Pg. 3



Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20190204/2160

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190204/2160

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2019 20:44		Vide Report No.: F/20190204/0105		Station Diary No.: 224	
Informant's Particulars					
Name of Informant: ANTHONY MUTHU PAUL			Address: APT BLK 767 WOODLANDS CIRCLE #07-334 SINGAPORE 730767		
ID Type / ID No.: NRIC NO / S0171599B			Contact No.: Home/Office: Mobile: 93863538		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 22/09/1951	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/02/2019 11:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards City after Yio Chu Kang Exit 14.5KM Lamp Post Number: 39				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB5784D	Motorcycle				Slightly Damaged	0
SHB4268M	Car				Slightly Damaged	2
SLM9085K	Car				Slightly Damaged	1

Sketch Plan Pg. 5



**SINGAPORE
POLICE FORCE**



T/20190204/2160

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20190204/2160

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANTHONY MUTHU PAUL	ID No.	S0171599B
Related Vehicle	SHB4268M (Car)	Contact No.	93863538
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/02/2019	Date Discharge	04/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 04/02/2019 at about 1130hrs, I was driving my taxi on the CTE towards city on the 2nd lane to send my two passengers to race course road. After Yio Chu Kang exit, there was an accident involving a motorcycle JRS9243, therefore, my vehicle was not moving. Suddenly, I heard a bang sound coming from the right side of my vehicle. I then noticed a motorcycle squeezing between my car and another white car on the first lane. The said motorcycle then skidded and fell in front of my vehicle. I checked with my passengers and they were not injured. I came out of my vehicle to check on the damages. There were dents and scratches on the rear right door and driver door. My right side mirror was broken and dropped off and my rear right light was damaged. The registration plate of the said motorcycle is FBB5784D. The motorcycle also collided with the white car on my right bearing the registration plate SLM9085K. The traffic police and ambulance came down and did their checks. I did not take down any of the driver's and rider's particulars. There is an in car camera in my vehicle and the memory card was seized by the traffic police officer. I felt some pain on my right shoulder and back therefore, I went to Mount Alvernia Hospital for medical assistance. I received 5 days MC from 04/02/2019 to 08/02/2019.

Sketch Plan Pg. 6



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20190204/2160

3 of 3

Report No. T/20190204/2160

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /
Staff Sgt NUR NADHIRAH BINTE HASHIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/02/2019 20:44

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD SHAHRIL BIN ABDULLAH
Contact No.: 65476083

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 3821R

Vehicle Details

Vehicle No.: SHB4268M

Vehicle to be Exported: No

Intended Deregistration Date: 12 Feb 2019

Vehicle Make: HYUNDAI

Vehicle Model: I40 1.7L CRDI AT ABS AIRBAG 4DR

Primary Colour: Blue

Manufacturing Year: 2015

Engine No.: D4FDEU494008

Chassis No.: KMHLB41UMFU067878

Maximum Power Output: 100.0 kW (134 bhp)

Open Market Value: \$20,469.00

Original Registration Date: 02 Apr 2015

First Registration Date: 02 Apr 2015

Transfer Count: 0

Actual ARF Paid: \$13,157.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 01 Apr 2023

PARF Rebate Amount: \$9,867.00

Intended COE Rebate Details

COE Expiry Date: 01 Apr 2023

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 8

PQP Paid: \$50,177.00

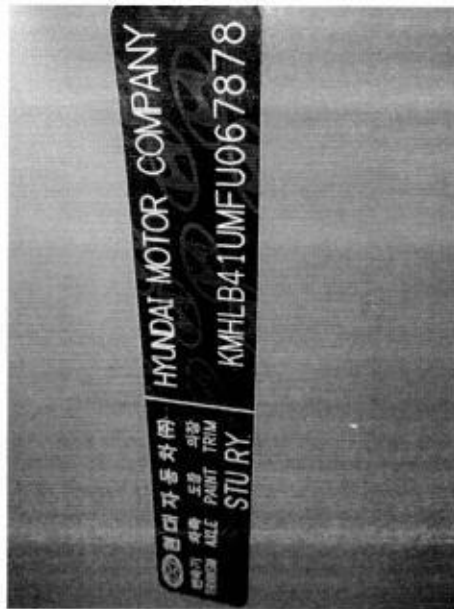
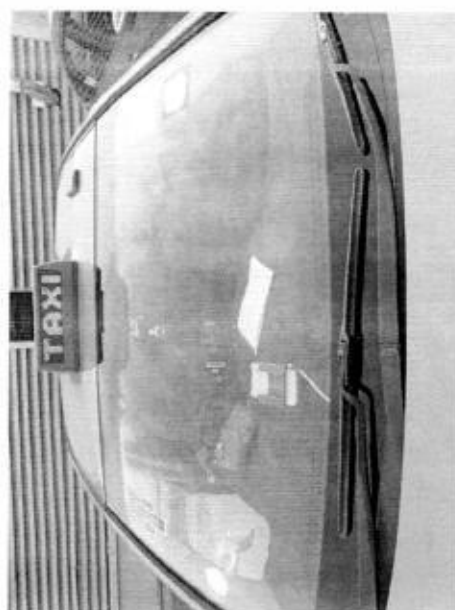
COE Rebate Amount: \$25,948.00

Total Rebate Amount: \$35,815.00**Message**

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 12 Feb 2019

OK



Date/Time: 07.02.2019 17:32

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3896307

JC NO.: 305266418

OWNER

IS COMFORT TRANSPORTATION PTE LTD

OWNER NO. 7010045

LESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(D)

(P)

JUNT CARD NO.

REGN NO.:

SHB4268M

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

04.02.2019 15:50

YR OF MANU.

02.04.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU067878

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 04.02.2019

NATURE: 3P 04.02.2019/C

S/NO

000010

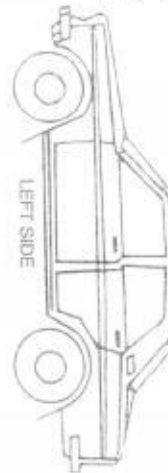
LABOR CODE

23-01

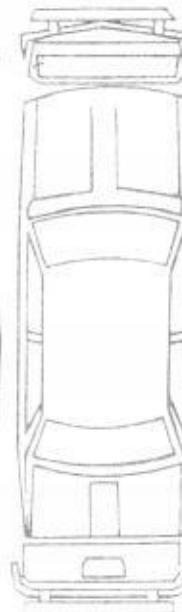
DESCRIPTION

TOWING FEE - \$160

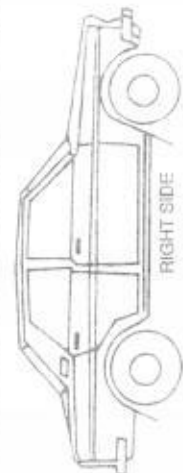
FRONT



LEFT SIDE



REAR



RIGHT SIDE

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SHB4268M

LKE

Vehicle No.:

SHB4268M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

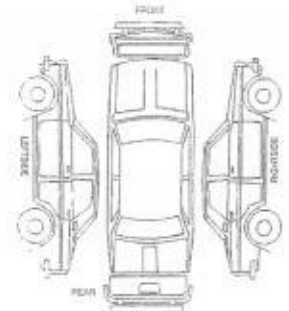
JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>4-2-19</u> Time Received: <u>15.50</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>ANTHONY PAUL</u> Contact No. : <u>93862538</u> Vehicle No. : <u>SRB4268 M</u> Make / Model / Colour : Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
7. Location: <u>163 Tampines St 12</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input checked="" type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:			

10. Odometer Reading : _____
Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player
☒ OK
☐ Faulty
☐ Not tested



: Cracked X : Dented
/ : Scratched O : Missing

[Signature]
Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ GAO ☒ TZ ☐ YISHUN ☐ OTHERS
Name of Driver : Jun
Vehicle No. : YN4668C
Time Dispatch : 15.50
Time of Arrival : 16.20
Time Completed :

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

4-2-19
Date

16.40
Time

[Signature]
Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4268M

DATE 7/2/2019 17:15

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door (RH)			\$ 2,256.40
	Rocker Panel Outer Garnish			\$ 341.40
	Front Wheel Hub Cap (RH)			\$ 107.10

CRK

4/8am
NTUCDEF
DEF
CRKNett / NEL
Nett / NEL
Nett / NEL400
400
50
50
XNN
X

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305266418
Date : 25.02.2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No : SHB4268M

Date of Accident : 04.02.2019

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

1. The repair job shall bill to: NTUC --- FBB5784D
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%	\$2,650.00
Final Lumpsum Repair cost	\$2,650.00

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 : 62148355

Fax : 65468156

Signature : 

Name : NAZ LKK

Date : 26/2/19

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:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHB 4268M

DATE 7/2/2019 17:15

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door (RH)			\$ 2,256.40
	Rocker Panel Outer Garnish			\$ 341.40
	Front Wheel Hub Cap (RH)			\$ 107.10
	SUB TOTAL		2,704.90	\$ 2,704.90
	LESS 20%		-20%	\$ 540.98
	DISCOUNTED TOTAL		2,163.92	\$ 2,163.92
	Front Fender Advertisement Logo (RH)		75	\$ 100.00
	Front Door Comfort Logo (RH)		-10%	\$ 75.00
	Front Door Advertisement Logo (RH)		67.50	\$ 100.00
			200	
			267.50	\$ 275.00
	Labour Charge			
	Panel Beating-Repair Fender			\$ 800.00
	Spray Painting Charge			\$ 900.00
	Tuff Kote		900	\$ 50.00
	Transfer of Door		3,331.42	\$ 80.00
	Frt Wheel Alignment		-20%	\$ 80.00
	Towing fee			\$ 60.00
	TOTAL LABOUR		2,665.13	\$ 1,910.00
	ESTIMATE TOTAL			\$ 4,348.92

NA2 LKX
812119 1530
3 DAY =
L1S \$2,650
AFTER AGRAK PHOTOS

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.

Veron Chen (LKKAUTO)

From: Naz (LKKAUTO)
Sent: Tuesday, 26 February 2019 6:06 PM
To: Lim Kwok Eng
Cc: Fauzy Bin Mokhtar; Roger How Keen Meng; Tan Pei Wei; Veron Chen (LKKAUTO); SUR
Subject: Re: SHB 4268M FINALIZATION
Attachments: FINALIZED.pdf

Dear Mr Lim,

Finalized Lump Sum Repair \$2,650 / 3 Days subject to insurance approval.

Thank you.

Best Regards,

Naz | Technical Investigator

LKK Auto Consultants

Phone: 6841-2157 | Email: Naz@lkkauto.com | Fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Lim Kwok Eng <limke@cde.com.sg>
Sent: Tuesday, 26 February 2019 4:08 PM
To: Naz (LKKAUTO)
Cc: Fauzy Bin Mokhtar; Roger How Keen Meng; Tan Pei Wei
Subject: SHB4268M finalize

Dear naz,

pls refer attached

Best Regards
Lim Kwok Eng
Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd
Tel. 6214-8355 / 6214-8156

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ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]



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/INC19002414/Nvd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 28-02-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBB 5784D	Veh. Inspected	SHB 4268M
Policy No.	5099276735	Coverage (\$)	0.00
Claim No.	MT/1031296-004	Excess (\$)	0.00
Assign From		Assign Date	08/02/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU067878	Colour	BLUE
Odometer	422261	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	HANKOOK	6 mm
L/H Front Tyre	205/60R16	HANKOOK	6 mm
R/H Rear Tyre	205/60R16	HANKOOK	6 mm
L/H Rear Tyre	205/60R16	HANKOOK	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	04/02/2019	Inspection Date	08/02/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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**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 4268M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT DOOR (RH)	DEFORMED	2,256.40	2,256.40
1	ROCKER PANEL OUTER GARNISH	DEFORMED	341.40	341.40
1	FRONT WHEEL HUB CAP (RH)	CRACKED	107.10	107.10
	LESS 20% DISCOUNT		-540.98	-540.98
			2,163.92	2,163.92
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
1	FRONT DOOR CONFORT LOGO (RH) (SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
			275.00	275.00
LABOUR				
	PANEL BEATING - REPAIR FENDER.		800.00	400.00
	SPRAY PAINTING CHARGE.		900.00	400.00
	TUFF KOTE.		50.00	50.00
	TRANSFER OF DOOR.		80.00	50.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	TOWING FEE.		60.00	-
			1,970.00	900.00
GRAND TOTAL			4,408.92	3,338.92
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,650.00

Report Ref No. NS/INC19002414/Nvd3s2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

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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