

Surveyor: Kavin

REF: NS/INC19002690/Klv30r

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

is Workshop m/s _____

is _____

Insured: SJR 26814

Policy No. 5107 247713 (28/11/19-16/6/19)

Claims No. MT/1032483-001

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: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

	SHA 25584 - CS/QW08030097/Sec1	DUA: 27/10/18	IN/c
	SJR 26814 - X		4s
18/2/19	Chmnt 4s \$900 / 2 hrs. (Red 600, 400)		

RECEIVED 19 FEB 2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 19/2- typist

Report Format: TP

Lump Sum / B.I. LS \$900

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: 160

Transportation: _____

S + RS: SI

Photos

Others

TLN

Veh No: SHA 25584 Yr Regn: 17 Mar / 2016

Type: M. Car / M. Cycle / Bus / Van / Lorry / T. Prime Mover /

Truck / Trailer or

Make: Hyundai Z40 cc 1600

Colour: Blue A/C: Insured / Std / HI / NA

Sp. Reading: 315378 T/Radio: Insured / Std / HI / NA

Eng/No: _____

C/No: 1CMHLB414A4908566

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: 205/60R16 R: _____

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

TOYO / YOKO or Maxxis

Front: 7 mm R/Bal. 7 mm

L/Bal. 7 mm D.O.A. 9/2/19

Rear: 7 mm L/Bal. 7 mm

D.O.A. 12/2/19

Survey held at CDGE (Loyang)

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

Rear N/S.

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

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Monday, 18 February 2019 3:57 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg

 income
made different



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: Monday, 18 February 2019 11:11 AM
To: mtreg <mtreg@income.com.sg>
Subject: RE: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provide us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1032005-002	COMFORT TRANSPORTATION PTE LTD	SH 9894K	FBN 9686P
2	MT/1032483-001	COMFORT TRANSPORTATION PTE LTD	SHA 2588U	SJR 2681H

D.O.A	Time of Accident	Estimate	Tentative repair cost
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12/2/2019	14:10	\$3,711.88	\$2,800.00
9/2/2019	17:05	\$1,500.00	\$900.00

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)

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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.

Date of Accident

09/02/2019 17:26

Vehicle No.(For Motor)

SJR2681H

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107247713		SRS AUTO HOLDINGS PTE. LTD.	201709236H	GPC	Third Party	SJR2681H	SJR2681H	28/01/2019	16/06/2019

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	11/02/2019 13:54
Date Of Accident	09/02/2019 17:05
Exact Location Of Accident	PAN ISLAND EXPRESSWAY TWDS CHANGI .
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA2588U
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	WONG KAH WAI
NRIC No	S7518050J
Date Of Birth	12/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91120809
Fax Number	
Contact Number	
EMail Address	DAVIDWONGWKW@GMAIL.COM

Address	201 #02-525 BEDOK NORTH STREET 1
Postcode	460201
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: : FEMALE
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 [OTHER]	CHANGKAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SJR2681H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD SHAHN BIN ABDUL TALIB
NRIC/Passport Number	S9524573J
Contact Number	87181012

Address

Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WONG KAH WAI

Approximate Age 44

Injuries Sustain NECK, BACK, SHOULDER

Injured person in which vehicle? SHA2588U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

As per provided

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per provided via police report dated 10/02/09

Refer police report attached.

T/20190210/2065

DECLARATION

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

Policyholder's Signature
Date & Time

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

Driver's Signature
If driver is not the policyholder

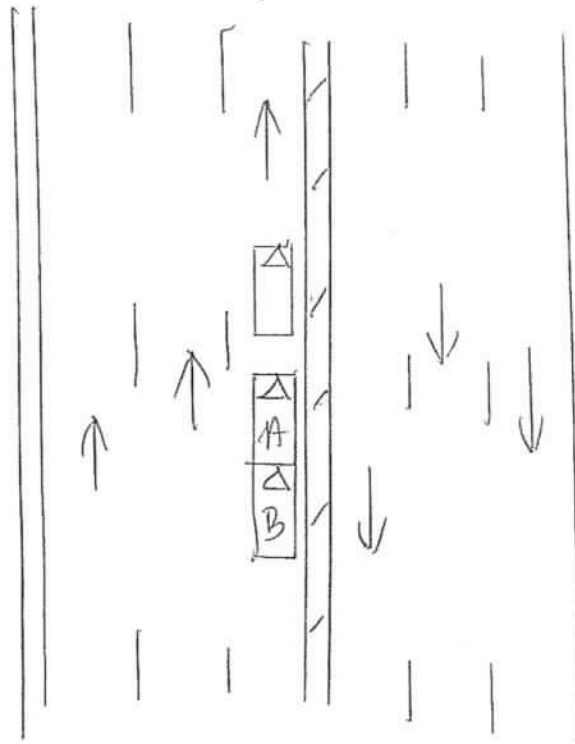
11/2/19
Jackson Heng
CSO

Reporting Centre Personnel's Signature
Name

PIE | Changi Airport.

A = SHA-2558-4

3-SJR-2681-4



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**SINGAPORE
POLICE FORCE**



T/20190210/2065

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 4

Report No.: T/20190210/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2019 16:32	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars			
Name of Informant: WONG KAH WAI		Address: APT BLK 201 BEDOK NORTH STREET 1 #02-525 SINGAPORE 460201	
ID Type / ID No.: NRIC NO / S7518050J		Contact No.: Home/Office: Mobile: 91120809	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 12/06/1975	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/02/2019 17:05	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Along PIE towards Changi Airport, after Toa Payoh exit				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2558U	Car				Slightly Damaged	2
SJR2681H	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190210/2065

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20190210/2065

CONTINUATION OF REPORT

Driver			
Name	WONG KAH WAI	ID No.	S7518050J
Related Vehicle	SHA2558U (Car)	Contact No.	91120809
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	10/02/2019	Date Discharge	10/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 9/2/19 at about 5.05pm, I was driving my taxi(SHA2558U) along PIE towards Changi Airport, after Toa Payoh exit. I had 2 passengers with me at that time and the passengers was headed towards Blk 102 Bedok North Ave 4. While driving, there was another vehicle in front of me. I already saw that the vehicle in front of me was intermittently braking hence, I braked intermittently as well to slow down as I sensed that there might be a problem with the traffic ahead. After some time, the vehicle in front of me jammed his brakes which in response, I jammed braked my taxi as well. However, there was another vehicle(SJR2681H) behind which did not managed to stop in time and crashed onto the back of my taxi. All this while I was maintaining a distance of about 2 cars.

After the impact, I got out of my taxi to make a check. Both of my passengers complained of discomfort however one of them informed me that she felt pain over her right clavicle bone as the impact caused her to move forward and hit onto one the plastic hook that is attached to the back of the driver's seat. The plastic hook is being attached there to allow my passengers to hang their bags when needed. I also advised both of my passengers to seek medical treatment the next day as well because the injuries may not be prominent on the day of impact however might get worse the following day. As for myself, I felt pain over my neck, shoulder and lower back but only went to seek treatment the following day (10/2/2019) as I felt numbness over both of my hands after waking up in the morning. I have not received any details of the injuries from my passenger despite me texting her to update me.

I am unsure if the other party is injured as they did not have any visible injuries after the accident.

I had also exchanged particulars with the driver. The particulars is as such:

Muhammad Shahzwan Bin Abdul Talib
S9524573J
409 Bukit Batok Ave 4 #09-164
Handphone: 87181012

The details of my passenger is as such:
May
93373770



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20190210/2065

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Report No. T/20190210/2065

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190210/2065

4 of 4

Report No. T/20190210/2065

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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:

G /
Sgt 2 MUHAMMAD SAIFUL BAKHRI BIN
RAZALI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT / SINGAPORE
SSI 2 YEO GEAK IENG CECILIA
Contact No.: 65476404

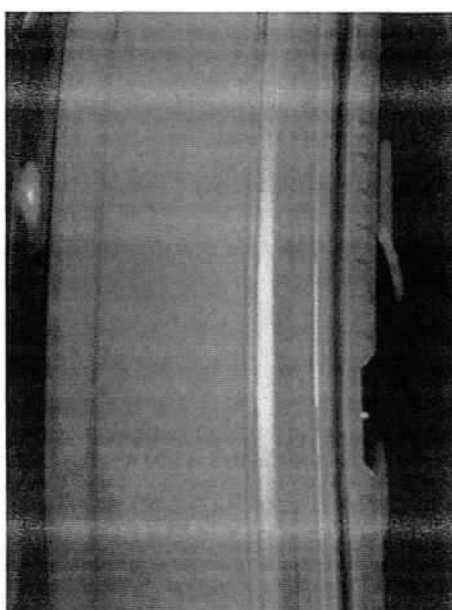
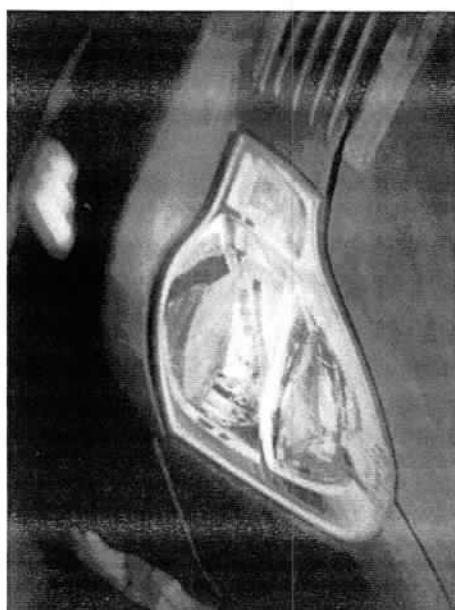
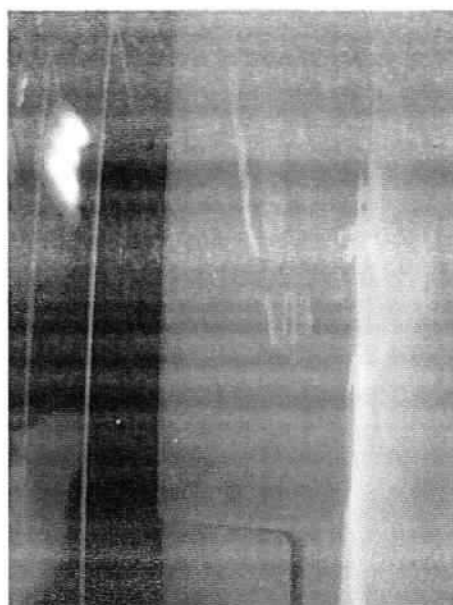
Authentication Stamp

Signature Of Informant:

Date/Time:
10/02/2019 16:32

Classification Of Case:





REPAIR ESTIMATE*

DATE 11/2/2019 11:55

MAKE :

MODEL : HYUNDAI i40

[illegible]

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/INC19002690/K1vd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 19-02-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 2681H	Veh. Inspected	SHA 2558U
Policy No.	5107247713	Coverage (\$)	0.00
Claim No.	MT/1032483-001	Excess (\$)	0.00
Assign From		Assign Date	12/02/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU085606	Colour	BLUE
Odometer	315378	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	09/02/2019	Inspection Date	12/02/2019
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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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. SHA 2558U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-160.00	-160.00
			640.00	640.00
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	<u>LABOUR</u>			
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			810.00	430.00
	GRAND TOTAL		1,500.00	1,120.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			900.00

Report Ref No. NS/INC19002690/K1vd3e2

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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