

Tang M

REF:

NS/INC19003224/TPvd302

INSURANCE

Team: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To be used Vehicle No: _____
 at Workshop no: _____
 of: _____
 Insured: **SKN 80310.**
 Policy No: **5100598477**
 Claims No: **MT / 1033910 - 001**
 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
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS .
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Veh No: **SH 89585** of Reg: **2017 June**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Toyota Prius** **1798**
 Colour: **Blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **323379** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **5T DKB3F4503 558665**
 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 A/Rim or
 Tyre Size: F: **145 / 65 R15**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Westlake**
 Front: _____ Rear: _____
 R/Bal. **6** mm R/Bal. **6** mm
 L/Bal. **6** mm L/Bal. **6** mm
 D.O.A. **14/2/19** D.O.I. **15/2/19**
 Survey held at: **ODGE Logery**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S wing mirror
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
SH 89585 - NS/INC17024166/Kvbna DOA: 19/12/2017
SKN 80310 - NA/INC18017176/h4 DOA: 19/9/2018

27/2/19 Final fig \$ 1366.92 confirmed by email (Ref 180.01, 12/2)
RECEIVED 20 FEB 2019
27/2/2019

Enter Time File Pass to? : Preli. Report
 : Final Report
 Days Of Repair: **1**
 Resurvey No. of Trip: **1**
 Survey Fee: **160**
 Transportation: _____
 Add Fee: Site Insp. \$
 Interview \$
 Repair \$
 Weekend \$
 Report Format: **TP**
 Lump Sum / L.B. / S: **1366.92**
 Total: **160**

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, 27 February 2019 3:16 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

Claim created

FYA

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 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 2:12 PM
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/1033910-001	COMFORT TRANSPORTATION PTE LTD	SH 8958S	SKN 8031D

D.O.A	Time of Accident	Estimate	Tentative repair cost
14/2/2019	21:15	\$1546.93	\$1366.92

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="14/02/2019 21:15"/>
Vehicle No.(For Motor)	<input type="text" value="SKN8031D"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100598477		PHOON YING JIAN	S9107592Z	GPC	drivo CLASSIC	SKN8031D	SKN8031D	16/05/2018	15/05/2019

Continue

▼ **Policy Information**

Policy No.	5100598477	Policyholder Name	PHOON YING JIAN	Policyholder NRIC	S9107592Z
Certificate No.					
Address	BLK 544 #14-1257 HOUGANG AVENUE 8 SINGAPORE 530544				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/05/2018	Effective Date	16/05/2018 00:00	Expiry Date	15/05/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	CHANG HOONG YIP DAVID	Agent Tel.	64010701	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 544 #14-1257	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530544
Address 4		Address Type	Singapore address	Post Code	530544
Unit No.		Related Policy Number	5100598477		

▶ **Insured Object: SKN8031D**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

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	15/02/2019 11:24
Date Of Accident	14/02/2019 21:15
Exact Location Of Accident	ECP TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8958S
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	LIM ENG LAI
NRIC No	S1845755E
Date Of Birth	30/08/1953
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1975
Driving Experience	43 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96215738
Fax Number	
Contact Number	
EMail Address	LIM_ENGLAI@YAHOO.COM

Address	379 06-346 CLEMENTI AVENUE 5
Postcode	120379
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	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 [OTHER]	PASIR RIS NPC
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	SKN8031D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

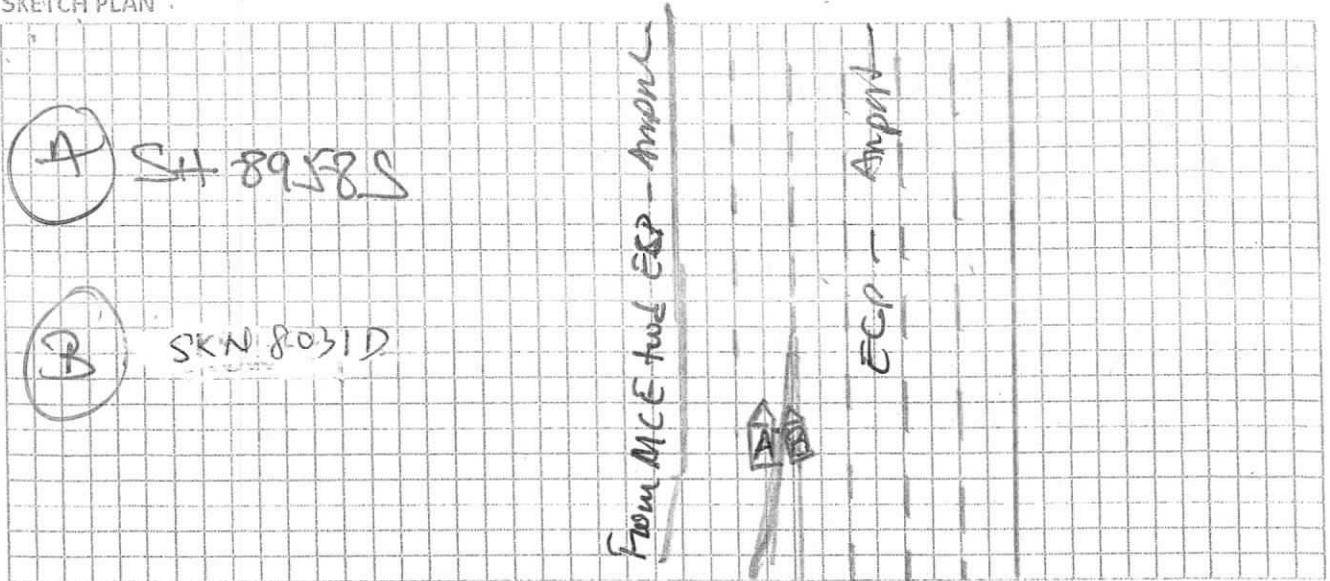
Insurance Company Name

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attached.

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)
Date & Time:

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

N. Manj 15/2



**SINGAPORE
POLICE FORCE**



T/20190215/2020

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20190215/2020

CONTINUATION OF REPORT

Driver			
Name	LIM ENG LAI	ID No.	S1845755E
Related Vehicle	SH8958S (Car)	Contact No.	96215738
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	HANS HENRIK BAARK	ID No.	NIL
Related Vehicle	SH8958S (Car)	Contact No.	96553231
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/02/2019 at about 2115hours, I was driving in my taxi bearing the registration number, SH8958S. I was 2 passengers seated at the rear passenger seat. I was driving along MCE, I was filtering out to ECP. It was heavy traffic as ahead there was a traffic accident.

Suddenly, a car, just over took me from right, squeezed in between vehicles, cut across the chevron markings and collided on right side mirror and just drove off. I was not able to see the vehicle number as it was heavy traffic. I then proceeded on my journey as per normal.

A car who was behind the said vehicle, honked at me and the driver gave me his contact number saying that he has an in-vehicle camera that might captured the vehicle who had just collided my side mirror. The driver gave his name as Ben, contact number: 84999238.

My right side mirror the cover broke off and my workshop informed the side mirror had to be replace. There were no other damages. No one was injured during the accident. My passengers are willing to be my wittiness to the accident.

I have an-vehicle camera installed however I do not know if can capture the vehicle hitting my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190215/2020

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20190215/2020

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 ALIF BIN AZALI 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145

Signature Of Informant: 
Date/Time: 15/02/2019 09:54
Classification Of Case:

Authentication Stamp
NP168

 SINGAPORE POLICE FORCE

SIGNATURE

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.:

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305269296

DMER COMFORT TRANSPORTATION PTE LTD 7010045 DMER NO: 383 SIN MING DRIVE SINGAPORE SINGAPORE 575717 65508755 (R) (P) UNIT CARD NO.	REGN NO.:	SH 8958S	MILEAGE
	MAKE :	TOYOTA	FUEL E.....1/2.....F
	MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 15.02.2019 10:15
	YR OF MANU.	15.06.2017	TARGET DATE
	CHASSIS CODE	JTDKB3FU503558665	COMPLETION DATE/TIME:

NTUC

JOB DESCRIPTION

Accident Date: 14.02.2019
 NATURE: 3P 14.02.2019/B

S/NO	LABOR CODE	DESCRIPTION

RECEIVED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Exit Pass Vehicle No.: SH 8958S	No.: SH 8958S LKE
Name of Service Advisor _____ Date _____	Signature/Date _____ Date _____

turned to Service Reception upon collection To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SH 8958S

15/2/2019 13:00

MAKE :

MODEL : TOYOTA PRIUS

Pby P

L/Re

NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT DOOR SIDE MIRROR, RH		dis	\$ 1,374.00
COVER, OUTER MIRROR, RH		ms	\$ 141.90
SUB TOTAL			\$ 1,515.90
LESS 25%			\$ 378.98
DISCOUNTED TOTAL			\$ 1,136.93
LABOUR CHARGE			
Panel Beating		600	\$ 200.00
Spray Painting Charge		600	\$ 180.00
Wiring Charge		✓	\$ 30.00
TOTAL LABOUR			\$ 410.00
ESTIMATE TOTAL			\$ 1,546.93

Handwritten signature
21/2/19

Tanpin 97495 749 / 67418434
-wp-

15/2/19 @ 440pm

1 day

* Resny before paint

tanpin@lkkauto.com

LKK 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 modification(s) is allowed
- Supplementary item(s) 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.

**COMFORTDELGRO
ENGINEERING**

Our Job Ref No 305269296

Date : 23.02.19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr TAUFIK

Vehicle Reg No. SH8958S CTPL

14.02.19

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

1. The repair job shall bill to: NTUC --- SKN8031D
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$1,136.92</u>
(b) Labour Charges	<u>\$230.00</u>
Total for Part-By-Part Repair Cost	<u>\$1,366.92</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u> </u>
Final Lumpsum Repair cost	<u> </u>

3. Estimated normal period for repairs: 1 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 :  _____

Signature : _____

Name : LIM KWOK ENG

Name : _____

Tel : 62148316

Date : _____

Fax : 65468156

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SH 8958S

15/2/2019 13:00

MAKE :

Like

PbyP

MODEL : TOYOTA PRIUS

NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT DOOR SIDE MIRROR, RH		<i>dis</i>	\$ 1,374.00
COVER, OUTER MIRROR, RH		<i>ms</i>	\$ 141.90
SUB TOTAL			\$ 1,515.90
LESS 25%			\$ 378.98
DISCOUNTED TOTAL			\$ 1,136.93
LABOUR CHARGE			
Panel Beating		<i>100</i>	\$ 200.00
Spray Painting Charge'		<i>100</i>	\$ 180.00
Wiring Charge		<i>✓</i>	\$ 30.00
TOTAL LABOUR			\$ 410.00
ESTIMATE TOTAL			\$ 1,546.93

Tanpin 97495749 / 67418434
-wp'
15/2/19 @ 440pm
oldy
** Resny before part*
tanpin@khauto.com

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.

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305269296
 REGN NO : SH 8958S
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 15.06.2017
 DATE/TIME IN : 15.02.2019 10:15
 ACCIDENT DATE : 14.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0594-G	PRIG4 MIRROR ASSY OUTER R	1 L	1,374.00	25.00	1,030.50
0002 04-01-0302-0898-G	PRIG4 COVER OUTER MIRROR	1 L	141.90	25.00	106.42
					SUB-TOTAL : 1,136.92

JOB NATURE

0000 L	PANEL BEATING				100.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA				100.00
0002 17-01	CHECK ALL LIGHTING				30.00
					SUB-TOTAL : 230.00
					TOTAL : 1,366.92

 MVA NAME & SIGNATURE
 DATE :

 SURVEYOR NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Wednesday, 27 February 2019 2:04 PM
To: Taufikh (LKKAuto); SUR; 'limke@cdge.com.sg'
Cc: 'fauzy@sparkcarcare.com'; 'tanpw@cdge.com.sg'
Subject: RE: SH8958S finalize

Dear Mr Lim,

WITHOUT PREJUDICE

Finalise amount \$1366.92 before GST @ 1 working day

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)

From: Taufikh (LKKAuto)
Sent: Wednesday, 27 February 2019 11:47 AM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Subject: FW: SH8958S finalize

From: Calvin Ang (LKKAuto) [<mailto:kalvinang@lkkauto.com>]
Sent: Monday, 25 February 2019 8:14 AM
To: Taufikh (LKKAuto)
Subject: FW: SH8958S finalize

Best Regards,

Kalvin Ang | Automotive Assessor

Technical Investigation & Accident Reconstructionist (SAE-A)

LKK Auto Consultants

phone: 6256-3561 | email: kalvinang@lkkauto.com | fax: 6256-4315

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

From: Lim Kwok Eng [<mailto:limke@cdge.com.sg>]
Sent: Saturday, 23 February 2019 4:54 PM

To: Calvin Ang (LKKAuto)
Cc: Rasul (LKKAuto); Tan Pei Wei; Fauzy Bin Mokhtar
Subject: Fw: SH8958S finalize

Dear Calvin,

Pls re-direct this finalize email to Taufix, because I cannot get his email right, thanks.

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

From: Lim Kwok Eng
Sent: Saturday, 23 February 2019 4:44 PM
To: taufix@lkkauto.com
Cc: Calvin Ang (LKKAuto); Roger How Keen Meng; Tan Pei Wei; Fauzy Bin Mokhtar
Subject: SH8958S finalize

Dear Taufix,

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/INC19003224/T1vd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 01-03-2019		
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh. SKN 8031D	Veh. Inspected SH 8958S		
Policy No. 5100598477	Coverage (\$) 0.00		
Claim No. MT/1033910-001	Excess (\$) 0.00		
Assign From	Assign Date 15/02/2019		
2. Vehicle Particulars & Condition			
Make & Model TOYOTA PRIUS	c.c 1798		
Engine No. HIDDEN	Year of Reg. 2017		
Chassis No. JTDKB3FU503558665	Colour BLUE		
Odometer 323334	Steering IN ORDER		
Brakes IN ORDER	Modification SPORTS RIM		
General GOOD			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	6 mm
L/H Front Tyre	195/65 R15	WEST LAKE	6 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	6 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S WING MIRROR. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date 14/02/2019	Inspection Date 15/02/2019		
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:		1 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8958S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT DOOR SIDE MIRROR, RH	DISTORTED	1,374.00	1,374.00
1	COVER, OUTER MIRROR, RH	MISSING	141.90	141.90
	LESS 25% DISCOUNT		-378.97	-378.98
			1,136.93	1,136.92
	<u>LABOUR</u>			
	PANEL BEATING.		200.00	100.00
	SPRAY PAINTING CHARGE.		180.00	100.00
	WIRING CHARGE.		30.00	30.00
			410.00	230.00
	GRAND TOTAL		1,546.93	1,366.92
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,366.92

Report Ref No. NS/INC19003224/T1vd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

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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