

Surveyor: Kelvin

REF:

NS/NC19003654/Ktd3n2

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP IWS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: \_\_\_\_\_

at WorkShop m/s \_\_\_\_\_

at \_\_\_\_\_

Insured: SHC 8862D

Policy No: \_\_\_\_\_

Claims No: MT/1033994-001

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

NIS	OIS

Sal. 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

Date / Time	Action / Instruction
22/2/19	Lettered L/S \$950 / 20%. (Red: 36080; 23%)

RECEIVED 28 FEB 2019

Date/Time, File Pass to?

☐ : Prell. Report

22/2 Typst

☒ : Final Report

Date/Time, File Return to?

at \_\_\_\_\_

Report Format:

2

Us: 950/-

Veh No: SHC 86802 Tr Regn: 30 In, 215

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

Truck / Trailer or

Make: Hyundai Z40 c.c. 1685

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

Sp. Reading: 549395 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: KMHL0414M64075190

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SIRam / STEAR / Rim or

Tyre Size: 205/60R16

RE: \_\_\_\_\_

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

TOYO / YOKO or Harake

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A. 18/2/19 D.O.I. 2/2/19

Survey held at C D G E (Loyang)

Des. of Damages: Frl / Rear / OIS / NIS / UIC / Rooftop or

O/S Front

The UIC / Chassis frame / Body Structure affected due to collision.

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech Insp (\$ \_\_\_\_\_)

☐ : \_\_\_\_\_

Survey Fee:

Transportation:

S+RS: 160

Phone:

Other:

## Denise Tay (LKKAuto)

**From:** mtreg <mtreg@income.com.sg>  
**Sent:** Thursday, 28 February 2019 10:51 AM  
**To:** Denise Tay (LKKAuto)  
**Subject:** RE: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

**Junainah**  
Senior Admin Assistant  
Motor Insurance  
[www.income.com.sg](http://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](http://income.com.sg/careers)**

**in** with you

**From:** Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]  
**Sent:** Wednesday, 27 February 2019 4:02 PM  
**To:** mtreg <mtreg@income.com.sg>  
**Subject:** REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 26/2/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1033994-001	COMFORT DELGRO	SHC 8680Z	SHC 6862D	18/2/2019	14:45	1,310.80	950.00

Best Regards,

**Denise Tay** | Case Handler  
LKK Auto Consultants Pte Ltd

## 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	19/02/2019 15:15
Date Of Accident	18/02/2019 14:45
Exact Location Of Accident	ALONG ROBINSON RD BEFORE TELEGRAPH ST JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8680Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	GOH SEOK BOON
NRIC No	S1628000C
Date Of Birth	07/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1983
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90382318
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	864 08-37 YISHUN AVE 4
Postcode	760864
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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	SHC6862D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 Pg. 1

## SKETCH PLAN

A = SHC 86802

B = SHC 68620  
(SILVERCRENS)  
KIA

Video Timing  
PM 02:42:02

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ROBINSON RD

As per police Report @ T/20190219/2061

## DECLARATION

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

COMFORT TRANSPORTATION P.L.C.  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

Olivia Wanda

Reporting Centre Personnel's Signature  
Name:



**SINGAPORE  
POLICE FORCE**



T/20190219/2061

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

1 of 3

Report No. T/20190219/2061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/02/2019 12:57		Vide Report No.:		Station Diary No.: 62
<b>Informant's Particulars</b>				
Name of Informant: GOH SEOK BOON		Address: APT BLK 864 YISHUN AVENUE 4 #08-37 SINGAPORE 760864		
ID Type / ID No.: NRIC NO / S1628000C		Contact No.: Home/Office: Mobile: 90382318		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 07/06/1964	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: COMFORT DELGRO TAXI DRIVER		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/02/2019 14:45	Type of Location: Straight Road
Location: Along Road 1 ROBINSON ROAD				
Along Robinson Road towards Hitachi Tower				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH"1668" (Not Accurate)	SILVER CAB					0
SHC8680Z	COMFORT DELGRO TAXI				Slightly Damaged	1



SINGAPORE  
POLICE FORCE



T/20190219/2061

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20190219/2061

CONTINUATION OF REPORT

**Brief Details.**

On the 18th February 2019 at 2.45pm, I was driving along Robinson Road towards Hitachi Tower at the extreme left lane. Due to the heavy traffic, I was traveling at about 40km/hr.

Suddenly a silver cab taxi from the lane on my right cut into the lane ahead of me and drove off.

There was a side to side swipe of same direction. I honk at the silver cab several times however he did not stop his vehicle and drove off.

My vehicle front bumper sustained scratches due to the impact.

I have a video recording device installed inside the vehicle aiming at the front direction which captured the whole accident. My taxi company has the footage and the car plate number of the silver cab however they did not provide me with it.





**SINGAPORE  
POLICE FORCE**



T/20190219/2061

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/20190219/2061

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 / Sr Staff Sgt CHUA WANGLONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/02/2019 12:57
Officer In Charge Of Case: TP / HRT / * Sr Staff Sgt ESTHER CHONG * Contact No.: 65476368	Classification Of Case: 
Authentication Stamp 	



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8680Z

DATE 21/2/2019 11:00

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 1052.20
	Front Bumper Bracket Top (LH/RH) <i>x 500</i>		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH) <i>x 500</i>		\$ 24.60	\$ 49.20
	<b>SUB TOTAL</b>			<b>\$ 638.50</b>
	<b>LESS 20%</b>			<b>\$ 127.70</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 510.80</b>
	Front Fender Advertisement Logo (RH) <i>x 1</i>			\$ 100.00
				<b>\$ 100.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
				<i>200</i>
	<b>TOTAL LABOUR</b>			<b>\$ 700.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,310.80</b>
				<i>1716.96</i>

Nett

Kahin Ullah  
 21/2/19 1245hrs  
 2 hrs.  
 V/s.  
 After Repair photo

- When the Consultants hence notify the Insurer of the following:
- Survey before a final spray painting
  - Final spray painting part of during resurvey
  - Panel prices are set just to confirmation
  - The survey survey is on a "Without Prejudice" basis
  - No legal responsibility is accepted
  - Survey survey items must be surveyed 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.

A member of COMFORTDELGRO

Date/Time: 21.02.2019 10:18

Page : 1

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JO NO: 305270962

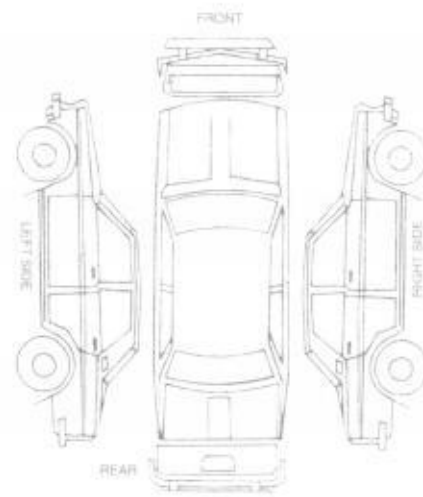
CUSTOMER	REGD NO.	MILEAGE
R/MIS	SHC8680Z	
CUSTOMER NO.	MAKE:	FUEL
7010045	HYUNDAI	E.....1/2.....F
ADDRESS	MODEL	DATE/TIME IN
383 SIN MING DRIVE	I-40	21.02.2019 10:00
Singapore SINGAPORE 575717	YR OF MANU	TARGET DATE
65508755	30.06.2015	
L (R)	CHASSIS CODE	COMPLETION DATE/TIME
(P)	KMHLB41UMGU075190	
SCOUT CARD NO.		

### JOB DESCRIPTION

Accident Date: 18.02.2019

NATURE: 3P 18.02.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

at:

to:

File No.:

SHC8680Z

CHIANG

Vehicle No.:

SHC8680Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305270962  
Date : 21/02/19

## COMFORTDELGRO ENGINEERING



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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC8680Z 18/02/2019

Fax :

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

1. The repair job shall bill to: NTUC SHC6862D
2. The finalized amount shall be:
- (a) Spare Parts after List discount
- (b) Labour Charges
- Total for Part-By-Part Repair Cost**
- (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less:  
**Final Lumpsum Repair cost** \$950.00
3. Estimated normal period for repairs: 2 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 : CHIANG  
Tel : 62148314  
Fax : 65468156
- Signature :   
Name : KALVIN  
Date : 22/2/19

### 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:




# 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/INC19003654/K1td3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 01-03-2019	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 6862D	Veh. Inspected	SHC 8680Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1033994-001	Excess (\$)	0.00	
Assign From		Assign Date	21/02/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU075190	Colour	BLUE	
Odometer	549395	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	18/02/2019	Inspection Date	21/02/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



# National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8680Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60	SERVICEABLE	49.20	-
	LESS 20% DISCOUNT		-229.24	-210.44
			916.96	841.76
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NOT NECESSARY	100.00	-
			100.00	-
<b><u>LABOUR</u></b>				
	PANEL BEATING.		400.00	150.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	350.00
<b>GRAND TOTAL</b>			<b>1,716.96</b>	<b>1,191.76</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>950.00</b>

Report Ref No. NS/INC19003654/K1td3n2

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

**DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.