

Shiau Chan (LKKAUTO)

From: MTCL@income.com.sg
Sent: Friday, 1 March 2019 3:08 PM
To: Shiau Chan (LKKAUTO)
Subject: REQUEST CLAIMS NUMBER

Hi,

All claims created.

With Regards

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



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers



From: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Friday, 1 March 2019 11:19 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIMS NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 01/03/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	
1	MT/1033772-002	COMFORT TRANSPORTATION PTE LTD	SHA 3772K	SGF 8684J	
2	MT/1034101-002	COMFORT TRANSPORTATION PTE LTD	SH 6432E	GBE 9927S	

Claim received from LKK Auto

Best Regards,
Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="26/02/2019 14:15"/>
Vehicle No.(For Motor)	<input type="text" value="SGF8684J"/>	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
	5101868174		LOW AH WAH	S1085061D	GPC	drive CLASSIC	SGF8684J	SGF8684J	02/07/2018	01/07/2019

Continue

▼ Policy Information

Policy No.	5101868174	Policyholder Name	LOW AH WAH	Policyholder NRIC	S1085061D
Certificate No.					
Address	BLK 512 #07-418 SERANGOON NORTH AVENUE 4 SINGAPORE 550512				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/07/2018	Effective Date	02/07/2018 00:00	Expiry Date	01/07/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 512 #07-418	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550512
Address 4		Address Type	Singapore address	Post Code	550512
Unit No.	07-418	Related Policy Number	5101868174		

► Insured Object: SGF8684J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

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	27/02/2019 07:13
Date Of Accident	26/02/2019 14:15
Exact Location Of Accident	SIMEI ST 3 TOWARDS SIMEI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3772K
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	LIM CHONG HIAN
NRIC No	S1567571C
Date Of Birth	13/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	26/02/1980
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97369829
Fax Number	
Contact Number	
E Mail Address	FRANCIS6528LIM@GMAIL.COM

Address	512 10-75 HOUGANG AVENUE 10
Postcode	530512
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	SIDE SWIPE
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACH.

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	SGF8684J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

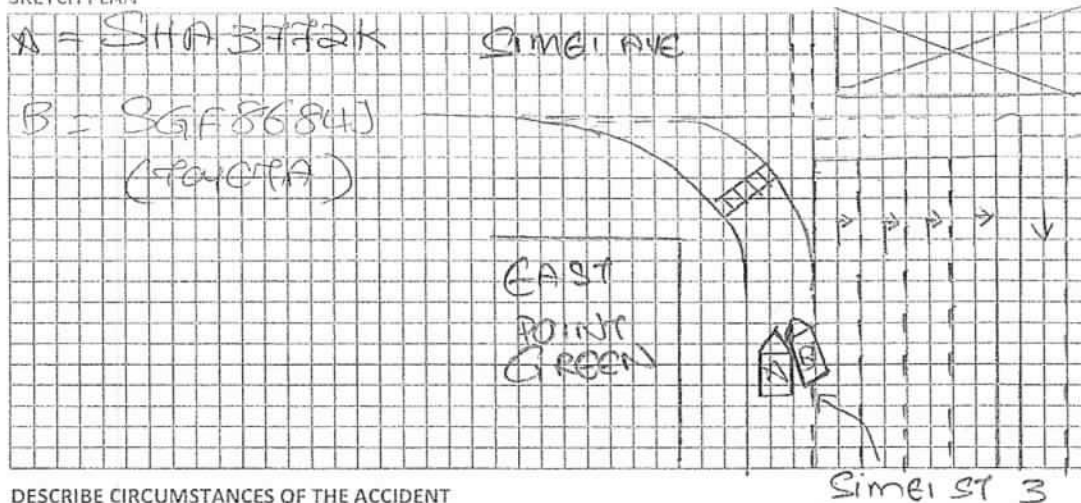
Nature Of Damage

LEFT CENTRE

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

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

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

Policyholder's Signature _____

Driver's Signature

Olivia Wendy

Reporting Centre Personnel's Signature

Describe Circumstances of the Accident.

On the 26/02/2019 @ about 14:15hrs, I was driving along Simei St 3 towards Simei Ave direction. As I was driving towards the slip road suddenly the vehicle SGF8684J encroached onto my lane and grazed my right front portion of my taxi.

01 male & 01 female passenger on board my taxi and no injury reported at the point of accident.

01 male passenger on board my taxi and no injury reported at the point of accident.

Declaration

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

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

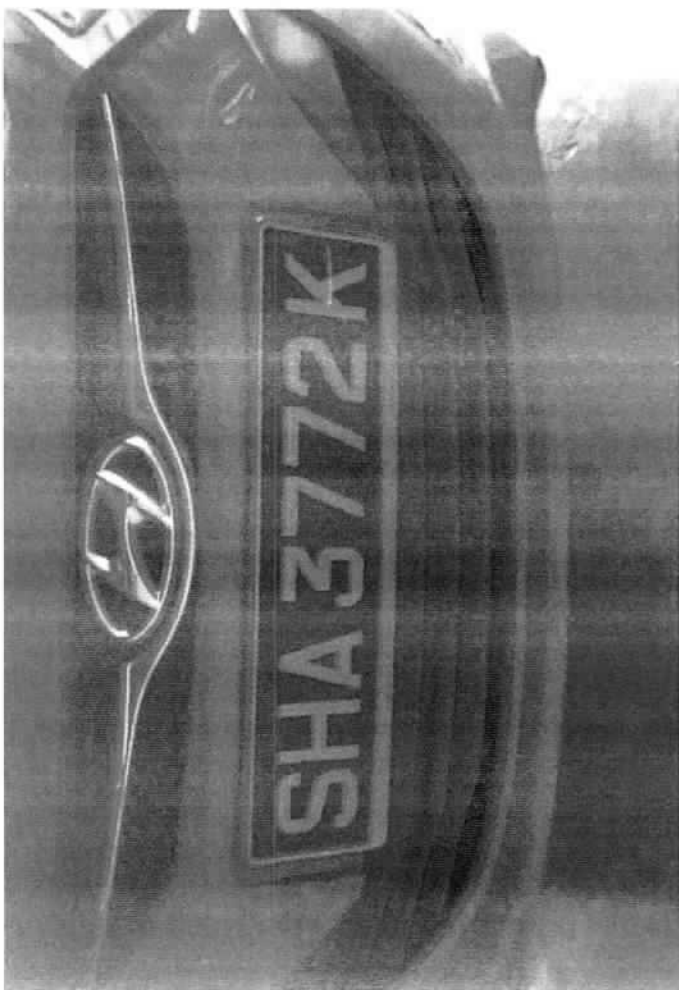
Policyholder's Signature/Date & Time	
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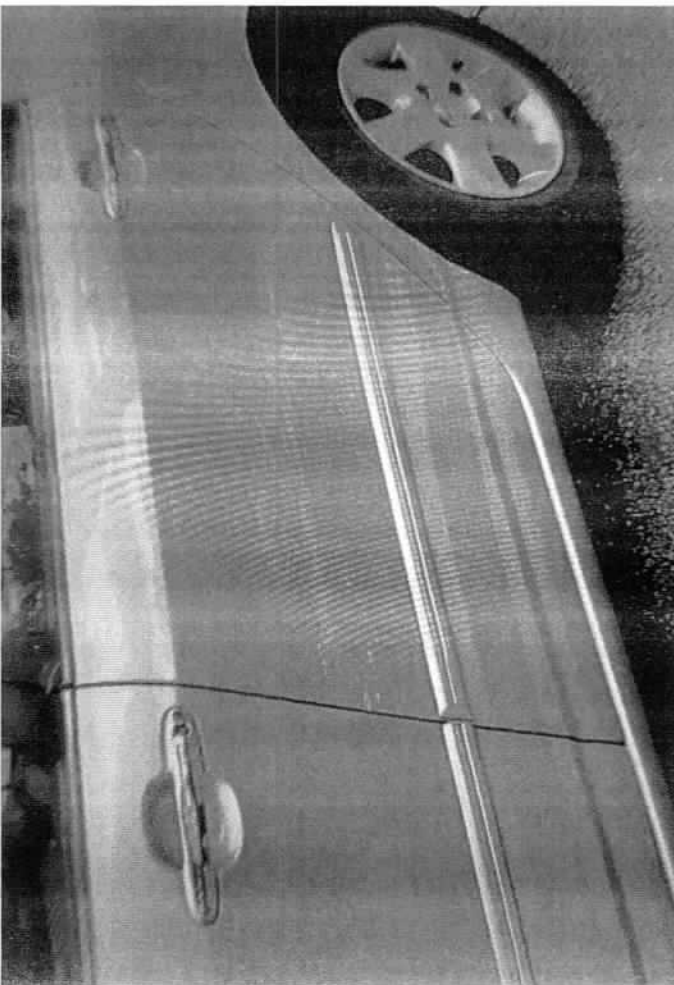
Driver's Signature (If driver is not the policyholder) / Date & Time

Olivia Wendy

Witnessed by Reporting
Centre Personnel

26 FEB 2019





Date/Time: 27.02.2019 10:02

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305272639

STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SHA3772K	MILEAGE
MS	7010045	MAKE : HYUNDAI	FUEL E.....1/2.....F
STOMER NO.	383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 26.02.2019 15:40
DRESS	Singapore SINGAPORE 575717	YR OF MANU. 09.04.2014	TARGET DATE
(R)	65508755	CHASSIS CODE KMHLB41UMEU052487	COMPLETION DATE/TIME:
(P)	(O)		
COUNT CARD NO.			

Accident Date: 26.02.2019

NATURE: 3P 26.02.19/B

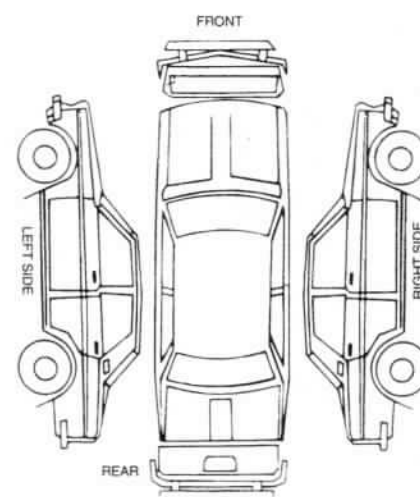
JOB DESCRIPTION

JOB DESCRIPTION
RIGHT FRONT

S / NO

LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

acknowledgement Slip

Exit Pass

35

3.2

le No.:

SHA3772K

FZ NTUC

Vehicle No.:

SHA3772K

Service Advisor

Signature/Date

Name of Service Advisor

Date _____

returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SHA 3772K

DATE 27/2/2019 10:42

MAKE :

MODEL : HYUNDAI i40

NTUC / RIGHT FRONT FZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>x repair</i>			\$ 544.50
	Front Bumper Bracket Top (RH) <i>x 2</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>x 2</i>			\$ 24.60
	Front Wheel Hub Cap, RH <i>1 brand</i>			\$ 107.10
	<i>Front Fender (RH) x repair</i>			
	SUB TOTAL			\$ 698.60
	LESS 20%			\$ 139.72
	DISCOUNTED TOTAL			\$ 558.88
	Labour Charge			
	Panel Beating- Repair Fender			\$ 400.00 ²⁰⁰
	Spray Painting Charge			\$ 600.00 ⁴⁰⁰
	Tuff Kote			\$ 50.00 ^{x 2}
	Frt Wheel Alignment			\$ 80.00 ^{x 2}
	TOTAL LABOUR			\$ 1,130.00
	ESTIMATE TOTAL			\$ 1,688.88
<p><i>Kali 1 Uchi</i></p> <p><i>27/2/19 1420h</i></p> <p><i>2 hrs</i></p> <p><i>45</i></p> <p><i>Alan Brown p/lt</i></p> <div data-bbox="862 1526 1379 1968" data-label="Text"> <p>LIV Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • its resurvey before/after spray painting • its survey damaged part(s) during resurvey • its order are subject to confirmation • its survey is on a "Without Prejudice" basis • its survey is on a "Without Prejudice" basis • its survey is on a "Without Prejudice" basis • its survey is on a "Without Prejudice" basis <p>Acknowledged by Repairer.</p> <p>Signature:</p> <p>Date:</p> </div>				
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.				

Our Job Ref No : 305272639
Date : 28.02.2019

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN

Fax :

Vehicle Reg No. : SHA3772K Date of Accident : 26.02.2019

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


1. The repair job shall bill to: NTUC -- SGF8684J
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% \$550.00
Final Lumpsum Repair cost \$550.00


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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature: 
Name : Kahi
Date : 1/3/19

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/INC19003747/K1qd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-03-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGF 8684J	Veh. Inspected	SHA 3772K
Policy No.	5101868174	Coverage (\$)	0.00
Claim No.	MT/1033772-002	Excess (\$)	0.00
Assign From		Assign Date	27/02/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU052487	Colour	BLUE
Odometer	652205	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	WEST LAKE	6 mm
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	6 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	26/02/2019	Inspection Date	27/02/2019
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:	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 3772K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
1	FRONT WHEEL HUB CAP, RH	GRAZED	107.10	107.10
1	FRONT FENDER (RH) (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-139.72	-21.42
			558.88	85.68
LABOUR				
	PANEL BEATING - REPAIR FENDER. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT FENDER (RH).		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,130.00	600.00
GRAND TOTAL			1,688.88	685.68
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				550.00

Report Ref No. NS/INC19003747/K1qd3e2

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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