

REF:

Surveys: NA2

REF:

NS/INC 19005785/NA2352

INC

Ju

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:

Policy No.

Claims No. MT/1039204-001

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

Est. or Market Value:

UDAC Accident Report:

Consistent? : Yes or No

GI: / PR Seen:

Consistent? : Yes or No

Est. Repairs:

1

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN/OUT

Date:

Person Contacted:

Veh No:

SHC 8671 A

Yr Regn: 7 JAN 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Motor /

Truck / Trailer or

Make:

HYUNDAI 140

c.c. 1685

Colour

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading

436,663

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB41UMGU083105

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / SIRIm / STD AIRIm or

Tyre Size:

F:

205/60 R16

R:

11

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

TOYO / YOKO or

HANKOOK

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

U/Bal.

6

mm

U/Bal.

6

mm

D.O.A.

1/4/19

D.O.A.

1/4/19

Survey held at

COGE COYANG

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

N/S MIRROR

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

Date / Time

Action / Instruction

NO POLICY

SHC 8671 A - NS/INC 15009647/HH4383

D.O.A. - 09/06/2015

SHD 1911D - X

5/4/19

FINALIZED Lump sum REPAIR \$550.00 / 1 DAY

(Red: 516.40/28%)

RECEIVED 03 APR 2019

Date/Time, File Pass to?

1) 914 Typist

Date/Time, File Return to?

2)

Report Format:

TP

Lump Sum / I.B.I. (\$

550)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

Site Insp (\$

Interview (\$

Tech. Invs (\$

Weekend (\$

\$ + RS \$

Photos

Others

TOTAL

Denise Tay (LKKAuto)

From: MTCL@income.com.sg
Sent: Monday, 8 April 2019 2:57 PM
To: Denise Tay (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER

Hi Denise

We have registered the claim.
You may refer to table below:-

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/1038087-002	COMFORT TRANSPORTATION	SH 7351Z	SLN 9928Z	29/03/2019	14:45	5,475.32	2,800.00
2	MT/1039204-001	COMFORT TRANSPORTATION	SHC 8671A	SHD 1811D	1/4/2019	02:30	766.40	550.00
3	MT/1038399-002	CITYCAN PTE LTD	SHC 91B	SLJ 1025C	30/03/2019	12:00	1091.43	700.00
4	MT/1038110-002	COMFORT TRANSPORTATION	SH 6453U	SGG 1880A	29/3/2019	22:15	6400.44	3700.00
5	MT/1038538-002	COMFORT TRANSPORTATION	SHC 8572C	SLZ 9362S	02/04/2019	16:00	3,827.56	2850.00

Josephine Cheah
Snr Administrator, 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

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Monday, 8 April 2019 10:00 AM
To: mtreg <mtreg@income.com.sg>

COMFORTDELGRO

Date/Time: 01.04.2019 12:33

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305283025

OWNER

COMFORT TRANSPORTATION PTE LTD

7010045

AS

OWNER NO.

383 SIN MING DRIVE

RESS

Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

QUANT CARD NO.

REGN NO.:

SHC8671A

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN
01.04.2019 04:40

YR OF MANU

07.01.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU083105

COMPLETION DATE/TIME

JOB DESCRIPTION

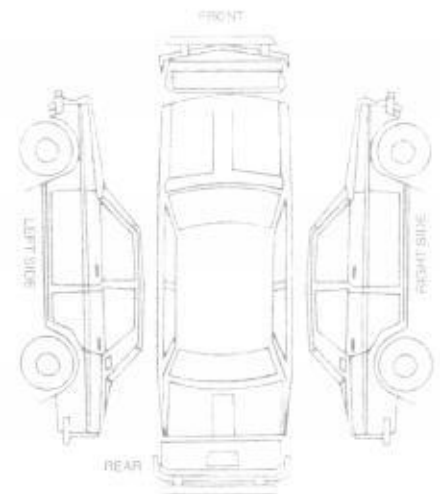
Accident Date: 01.04.2019

NATURE: 3P 01.04.19

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge ment Slip

Exit Pass

No.:

SHC8671A

JU NTUC LKK

Vehicle No.:

SHC8671A

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No 305283025
Date : 02/04/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK Fax :
Attn : NAZ
: SHC8671A Date of Accident : 01/04/19

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

1. The repair job shall bill to: NTUC --- SHD1811D
###
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) NI
Total for Lumpsum repair cost after Less: 20% **\$550.00**
Final Lumpsum Repair cost _____
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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : [Signature]
Name : NAZ LKK
Date : 5/4/19

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:

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	01/04/2019 11:50
Date Of Accident	01/04/2019 02:30
Exact Location Of Accident	CITY SQUARE BASEMENT C/PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8671A
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	TAN POI HAP
NRIC No	S0686605J
Date Of Birth	19/11/1948
Occupation	OUTDOOR
Date Of Driving Pass	23/11/1970
Driving Experience	48 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97897952
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	498F 07-414 TAMPINES STREET 45
Postcode	524498
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 - OPENING DOOR OF VEHICLE
Weather Conditions	RAINING
Road Surface	WET

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?	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

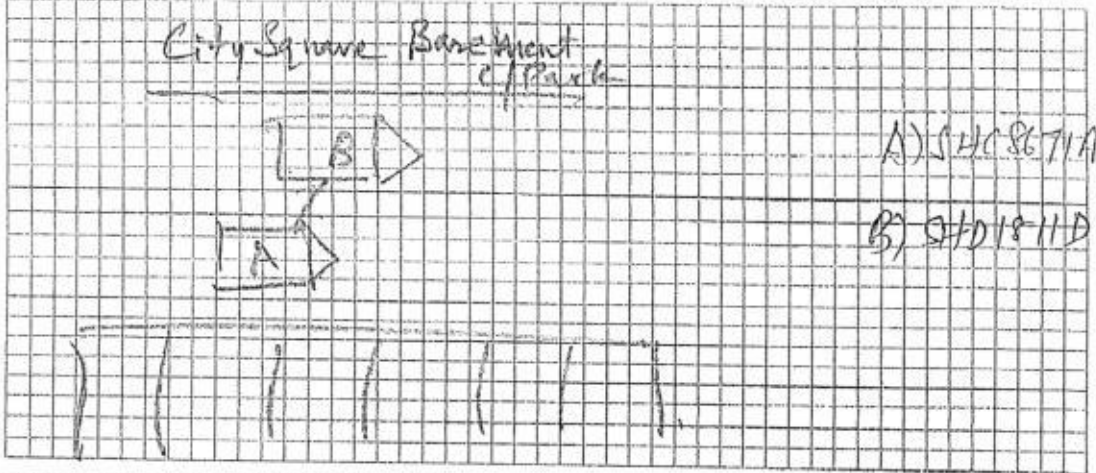
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1811D
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	REAR RHT DOOR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/4/19 at about 0230hrs while I Vch A was travelling along the driveway passing Vch B who had stopped to alight passengers. Vch B's passenger suddenly opened the right rear door that collided onto the left wing mirror portion of my moving vehicle.

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)

S R Moorthy

Reporting Centre Personnel's Signature

Name:

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:

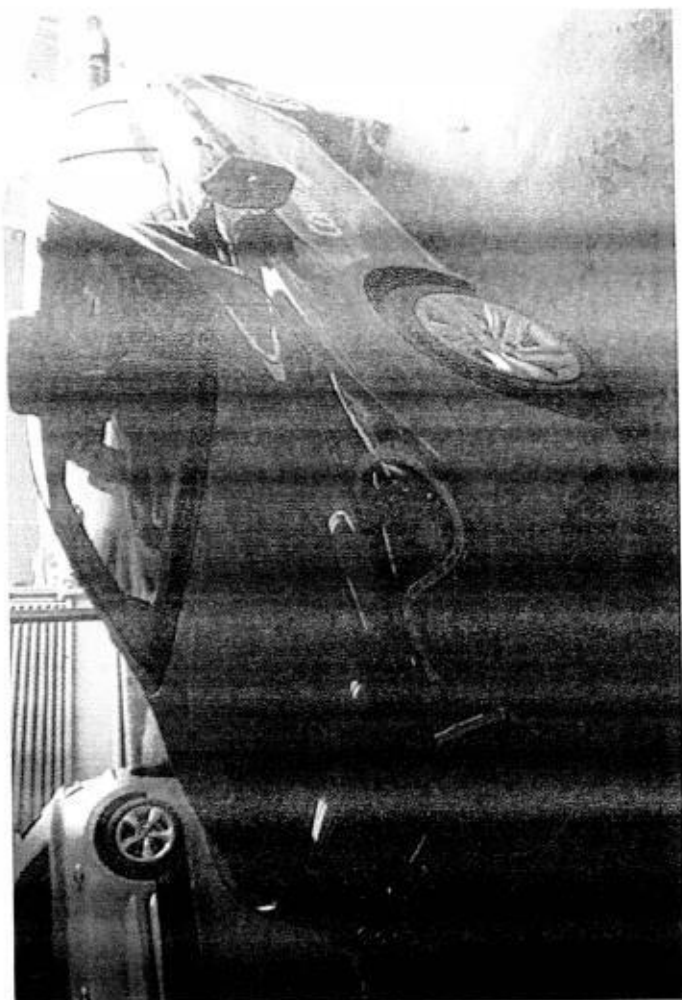
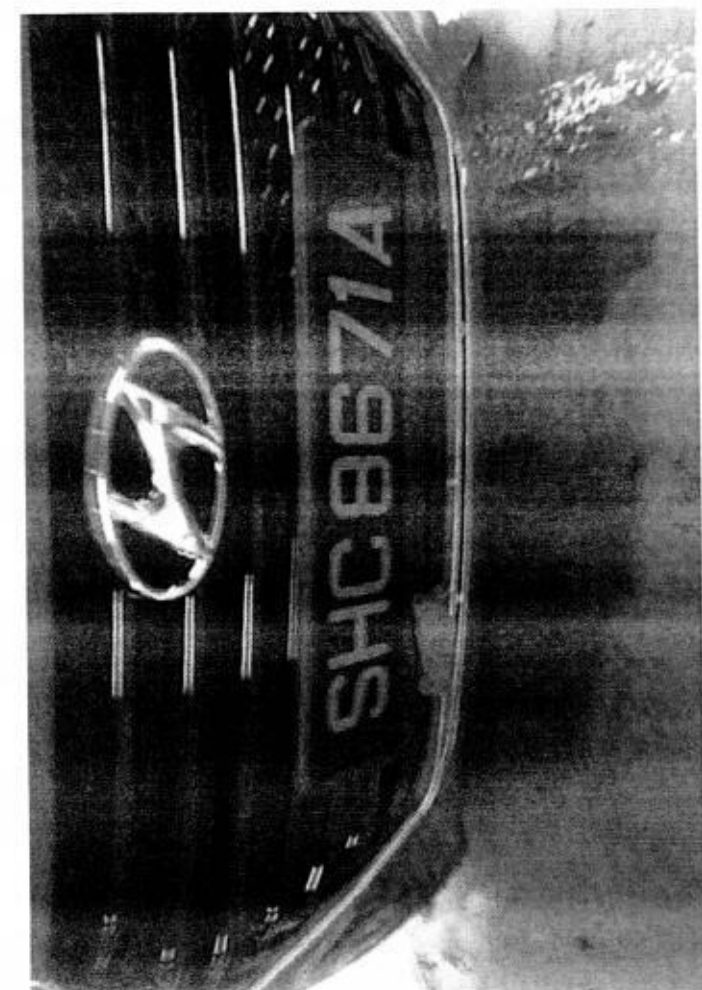
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

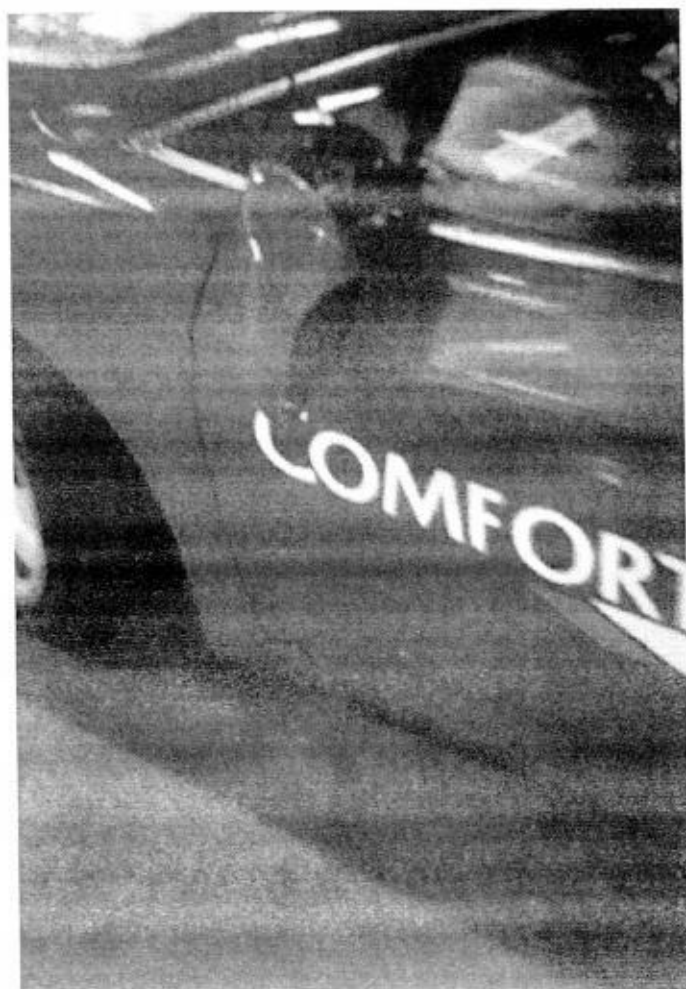
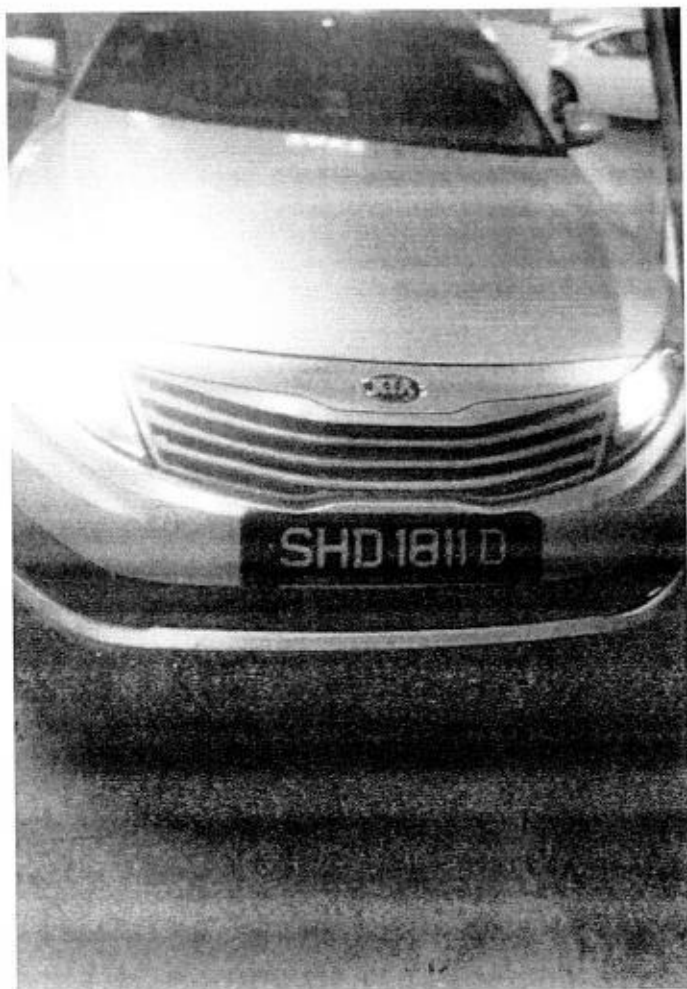
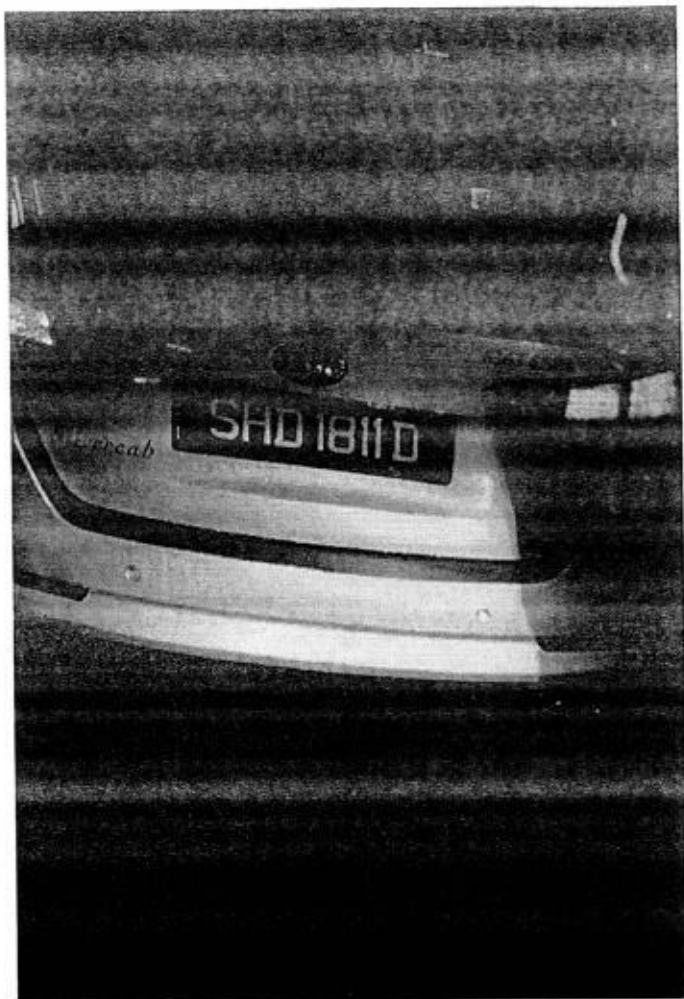
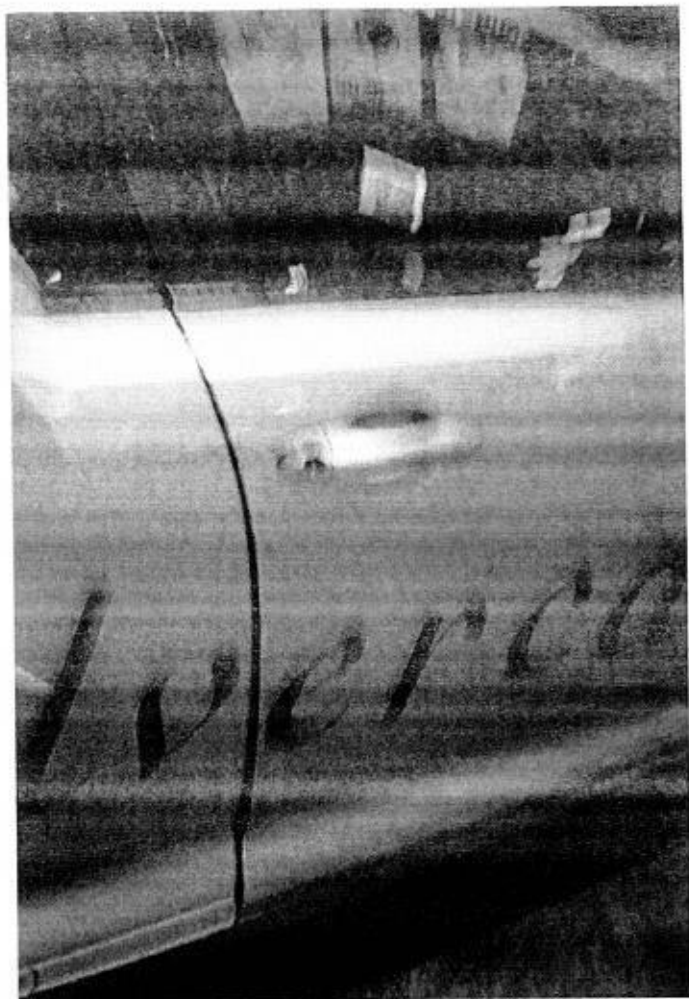
UMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

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.:





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

JOB NO : 305283025
 REGN NO : SHC8671A
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 07.01.2016
 DATE/TIME IN : 01.04.2019 04:40
 ACCIDENT DATE : 01.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0600-G 140VC MIRROR ASSY-O/S REA 1 670.50 20.00 536.40 ✓ BR

SUB-TOTAL : 536.40

JOB NATURE

0000 PB PANEL BEATING

100.00 X NN

0001 SP SPRAYPAINT CHARGE

100.00 ✓

0002 17-01 CHECK ALL LIGHTING

30.00 ✓

SUB-TOTAL : 230.00

TOTAL : 766.40

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

NAZ LKK
 11/4/19 1625
 L/S

1 DAY

AFTER REPAIR PHOTOS

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:



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/INC19005785/Ntd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 09-04-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 1811D	Veh. Inspected	SHC 8671A
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1039204-001	Excess (\$)	0.00
Assign From		Assign Date	01/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU083105	Colour	BLUE
Odometer	436663	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 N/S MIRROR.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	01/04/2019	Inspection Date	01/04/2019
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
-------------------------------------	----------------



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 8671A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	BROKEN		
	I40VC MIRROR ASSY - O/S REA		670.50	670.50
	LESS 20% DISCOUNT		-134.10	-134.10
			536.40	536.40
	LABOUR	NOT NECESSARY		
	PANEL BEATING.		100.00	-
	SPRAY PAINT CHARGE.		100.00	100.00
	CHECK ALL LIGHTING.		30.00	30.00
			230.00	130.00
GRAND TOTAL			766.40	666.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				550.00

Report Ref No. NS/INC19005785/Ntd3s2

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

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.