

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



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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>

eBaoTech

General/Claim

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="30/03/2019 14:21"/>
Vehicle No. (For Motor)	<input type="text" value="SLJ1025C"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5087041320-02		VICTORIA LIAW TAN	S2170697C	GPC	drive CLASSIC	SLJ1025C	SLJ1025C	28/12/2018	27/12/2019

COMFORTDELGRO ENGINEERING

Our Job Ref No 305282952

Date : 03/04/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

: SHC 91B

Date of Accident : 30.03.19

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

1. The repair job shall bill to: NTUC --- SLJ1025C
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges ### \$700.00
 - Total for Part-By-Part Repair Cost \$700.00
 - (c.) Lumpsum Repair (if applicable) N
 - Total for Lumpsum repair cost after Less: 20%
 - Final Lumpsum Repair cost

3. Estimated normal period for repairs: 3 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 : JUMANI

Tel : 6214 8315

Fax : 65468156

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:

COMFORTDELGRO

Date/Time: 01.04.2019 09:21

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305282952

CUSTOMER

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

(R)

(P)

(O)

COUNT CARD NO.

REGN NO.

SHC 91B

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4) 31.03.2019 09:20

DATE/TIME IN

YR OF MANU

31.05.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU903557616

COMPLETION DATE/TIME

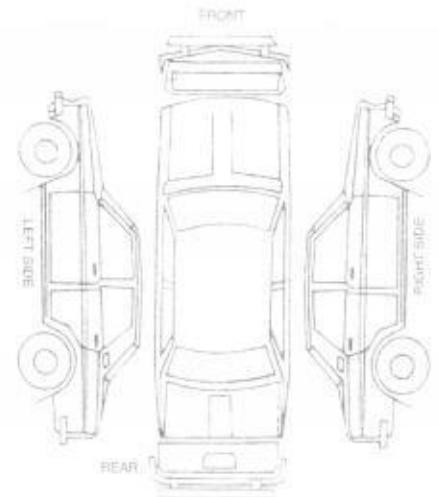
Accident Date: 30.03.2019
NATURE: 3P 30.03.19

JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

IC

SC

IC No.:

SHC 91B

JU NTUC LKK

Vehicle No.:

SHC 91B

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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 09:02
Date Of Accident	30/03/2019 12:00
Exact Location Of Accident	CENTRAL BLVD TOWARDS CROSS ST AT RAFFLES QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC91B
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS

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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	PUAH TIN KIAT
NRIC No	S1582245G
Date Of Birth	16/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	16/06/1999
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92710910
Fax Number	
Contact Number	
Email Address	ANDYPUAH@YAHOO.COM.SG

Address	40 13-279 CHAI CHEE AVENUE
Postcode	461040
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)	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

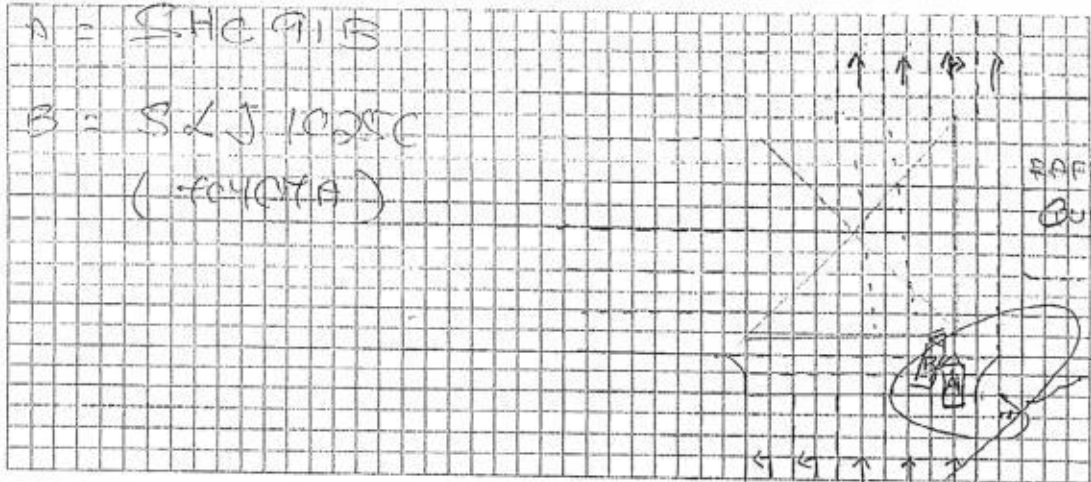
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ1025C
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	REAR RHT

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839C

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Olivia Wendy

Sketch Plan Pg. 2

Describe Circumstances of the Accident.

On the 30/03/2019 at about 12:00hrs, I was driving along Central BLVD towards Cross St direction. As I was driving towards Cross St at Raffles Quay junction suddenly vehicle SUJ1025C encroached onto my lane and collided onto my left front portion of my taxi.

01 male passenger on board my taxi and injury reported at the point of accident.


Declaration

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

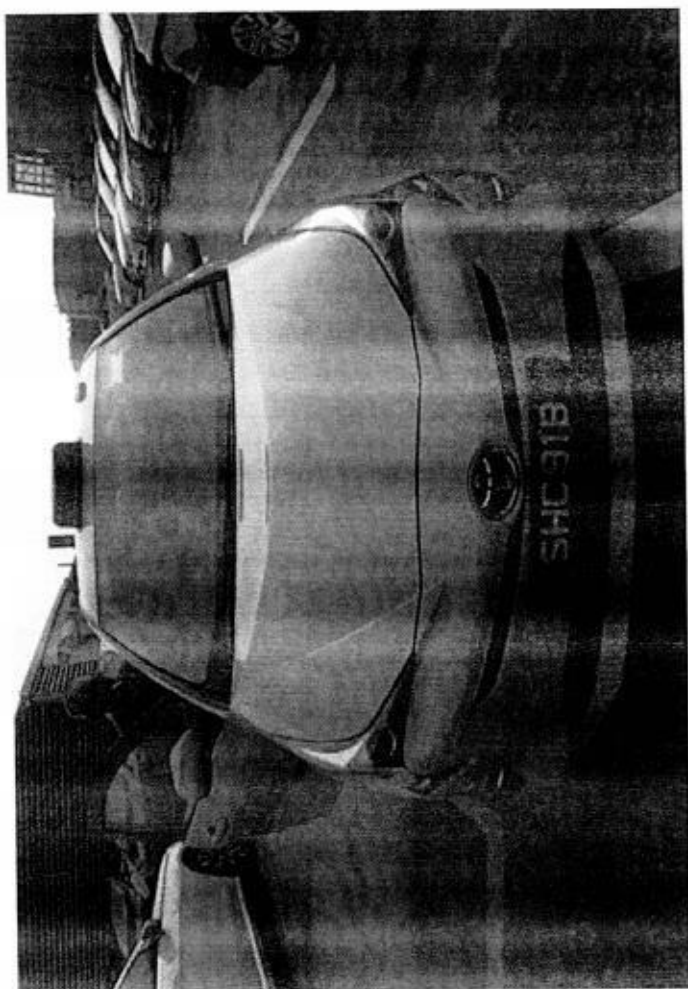
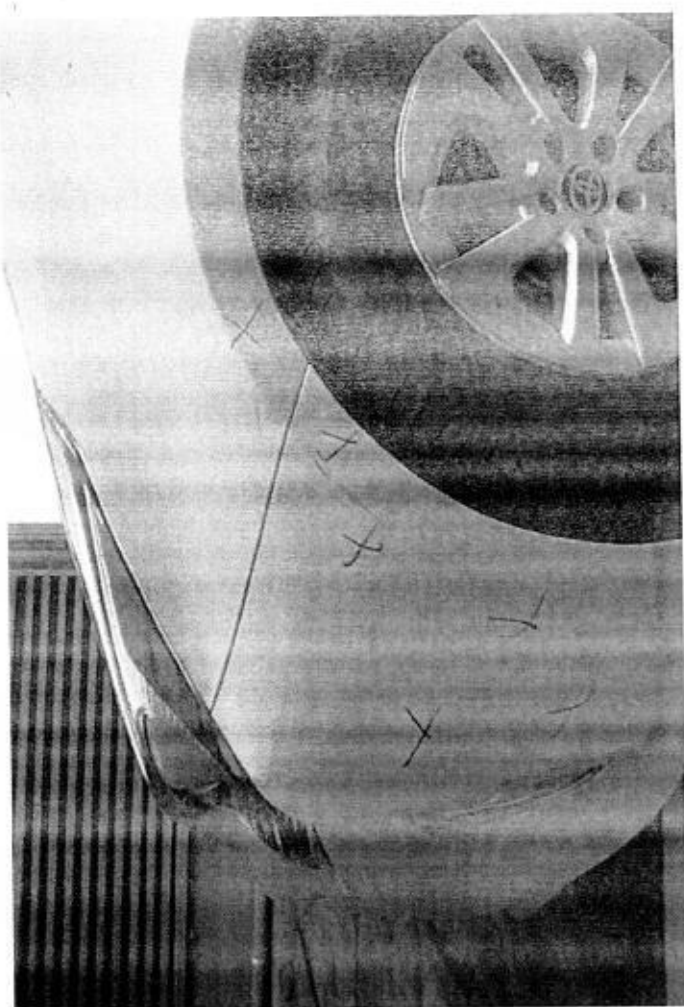
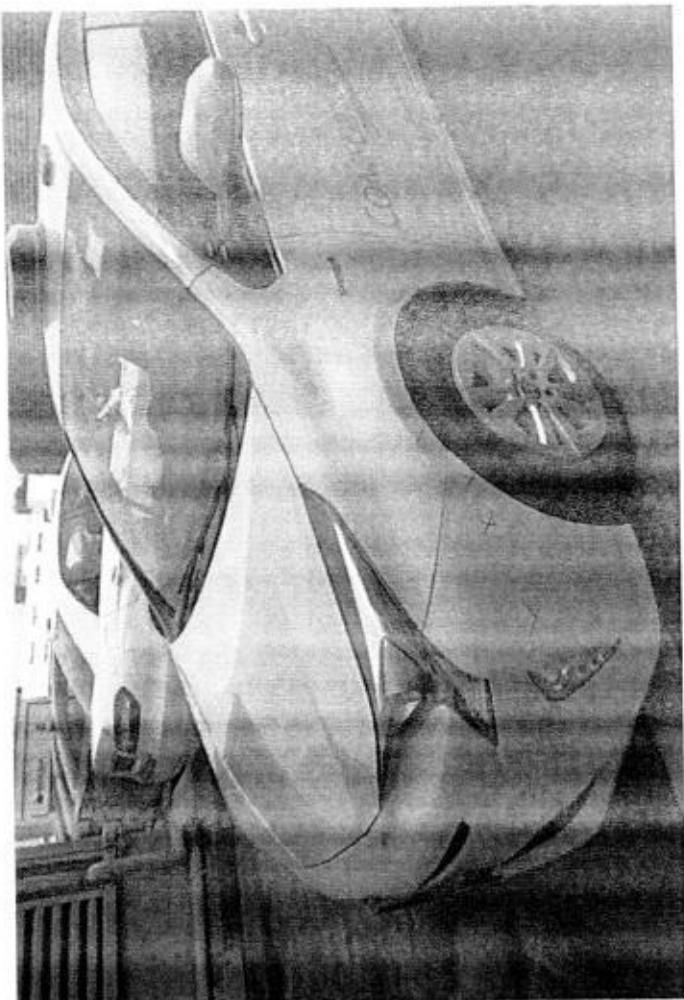
CITYCAB PTE LTD
CO. REG. NO. 199502839C
Policyholder's Signature/Date &
Time CITYCAB PTE LTD
CO. REG. NO. 199502839C

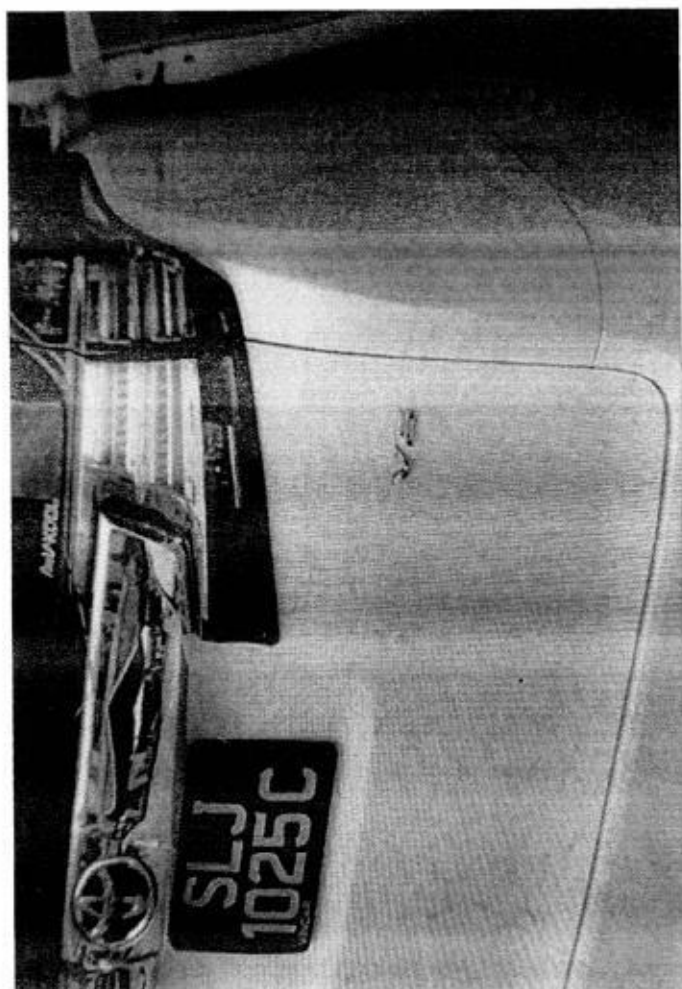
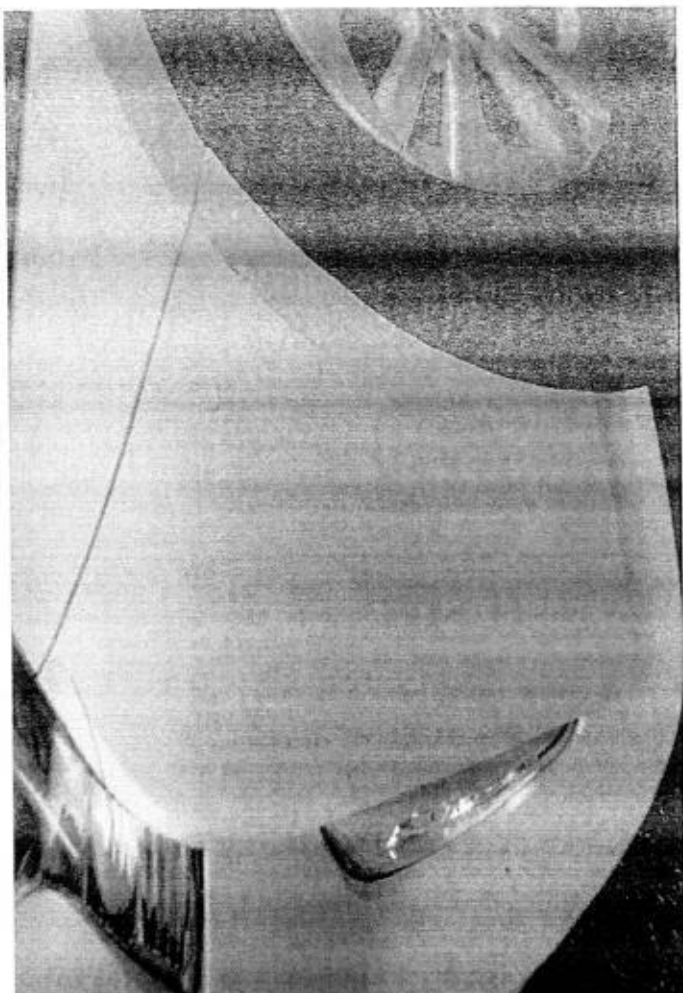
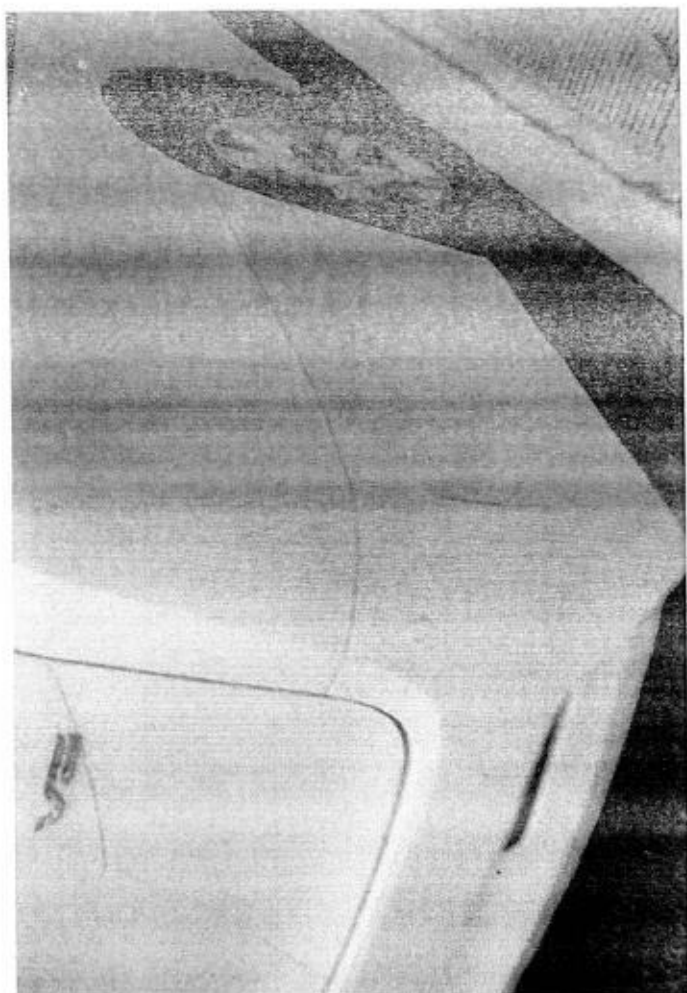


Driver's Signature (if driver is not the policyholder) / Date
& Time


Wendy
Witnessed by Reporting
Centre Personnel

31 MAR 2019





NEUM-JU

1/1/2009 13:18

- 2 p/p

MODEL : TOYOTA PRIUS

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	FRONT BUMPER COVER			\$ 499.90
	FRONT BUMPER CLIPS			\$ 22.00
	SUB TOTAL			\$ 521.90
	LESS 25%			\$ 130.48
	DISCOUNTED TOTAL			\$ 391.43
	LABOUR CHARGE			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	TOTAL LABOUR			\$ 700.00
	ESTIMATE TOTAL			\$ 1,091.43
	NAZ LKX 1/4/19 1610 PIP 3 days 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:

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.



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/INC19005792/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.	SLJ 1025C	Veh. Inspected	SHC 91B
Policy No.	5087041320-02	Coverage (\$)	0.00
Claim No.	MT/1038399-002	Excess (\$)	0.00
Assign From		Assign Date	01/04/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS HYBRID	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU903557616	Colour	YELLOW
Odometer	293745	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	WEST LAKE	5 mm
L/H Front Tyre	195/65R15	WEST LAKE	5 mm
R/H Rear Tyre	195/65R15	WEST LAKE	5 mm
L/H Rear Tyre	195/65R15	WEST LAKE	5 mm

4. Description of Damages

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

5. General Information

Accident Date	30/03/2019	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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 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. SHC 91B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	499.90	-
10	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
	LESS 25% DISCOUNT		-130.47	-
			391.43	-
	<u>LABOUR</u>			
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		400.00	400.00
	SPRAY PAINTING.		300.00	300.00
			700.00	700.00
	GRAND TOTAL		1,091.43	700.00
	RECOMMENDED COST OF REPAIRS (CONFIRMED)			700.00

Report Ref No. NS/INC19005792/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

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