

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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made different



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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>

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5100924011		SIMPLY CARS PTE LTD	200619428R	GPC	drive PREMIUM	SLZ9362S	SLZ9362S	23/05/2018	22/05/2019

Continue

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 (GI) 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	03/04/2019 11:44
Date Of Accident	02/04/2019 16:00
Exact Location Of Accident	BATTERY RD TWDS SOUTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8572C
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 TECK CHOON
NRIC No	S1276017E
Date Of Birth	16/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	08/10/1999
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90404768
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 611 CLEMENTI WEST STREET 1 #03-262
 Postcode 120611
 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

PLS REFER TO ATTACHED / Type Of Accident: HEAD TO SIDE

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 SLZ9362S
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TAI CHUNG HAO
 NRIC/Passport Number S8660375F
 Contact Number 90211731
 Address
 Postcode
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Nature Of Damage LEFT FRT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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: 193203921R

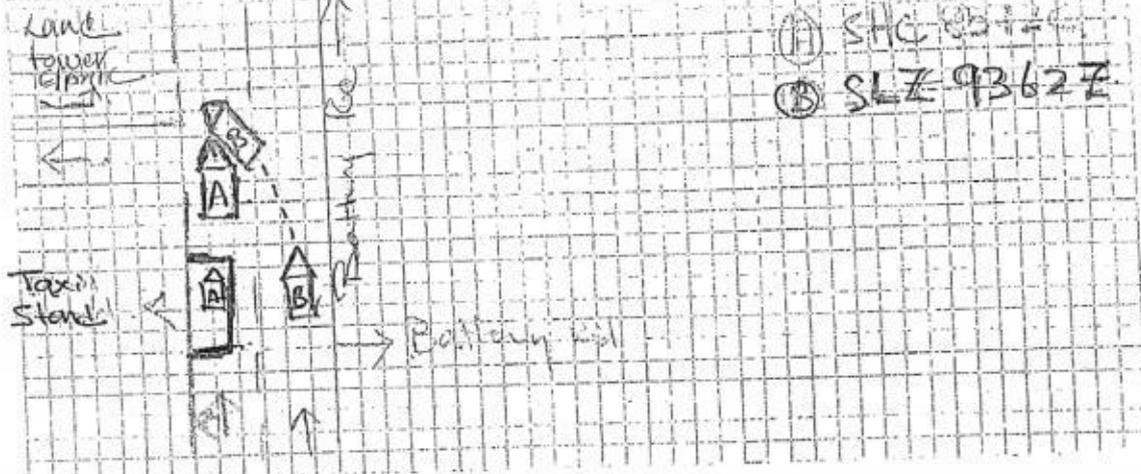
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/4/2019 at about 1600 hrs, I vehicle H was pick
 up by passenger at battery road taxi stand. After
 pick them I on my right equal then I started
 to move straight. Vehicle B suddenly came from outer
 lane and make a sharp left turn collided onto
 vehicle H right front position. no one was injured at
 that time

DECLARATION

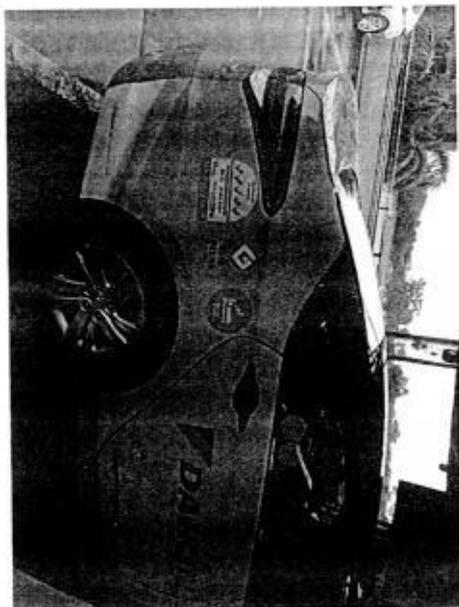
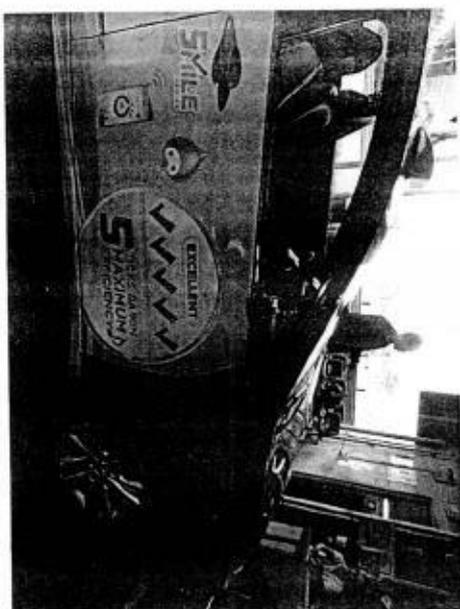
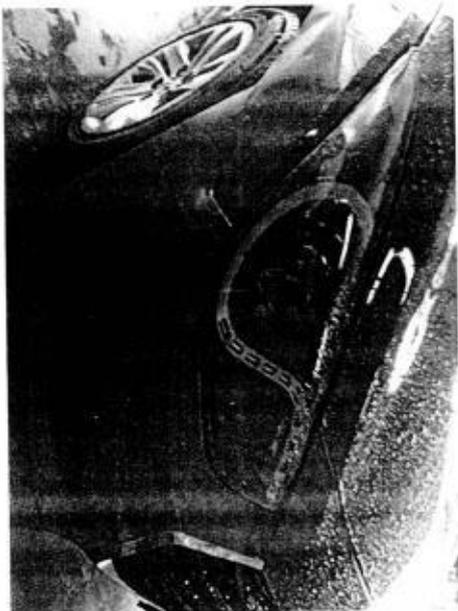
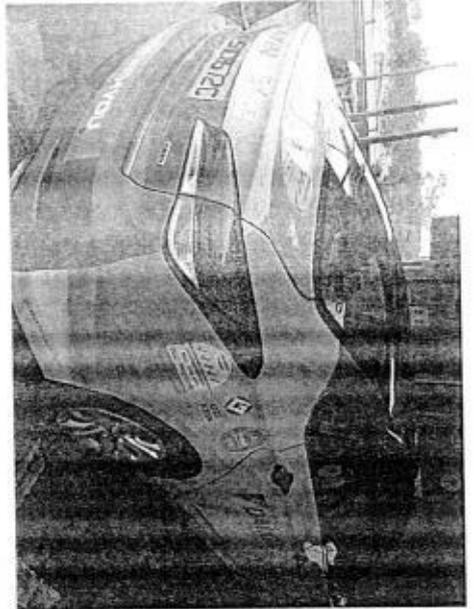
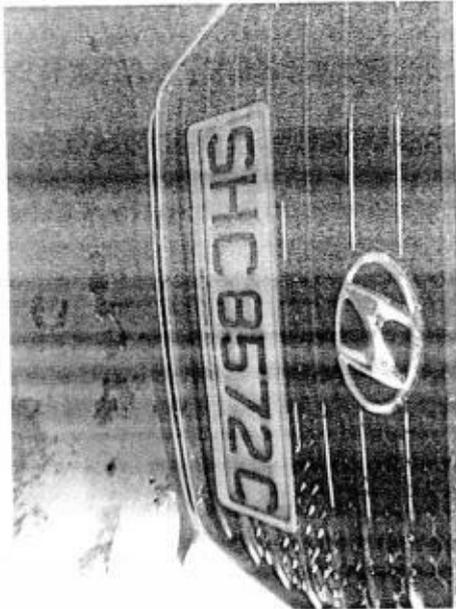
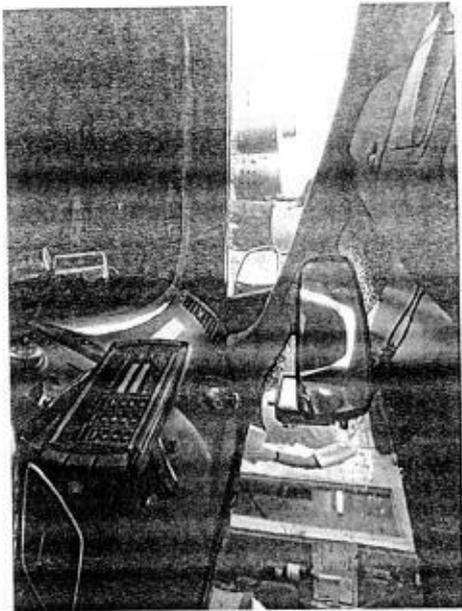
I/We declare the foregoing particulars are true in every respect.

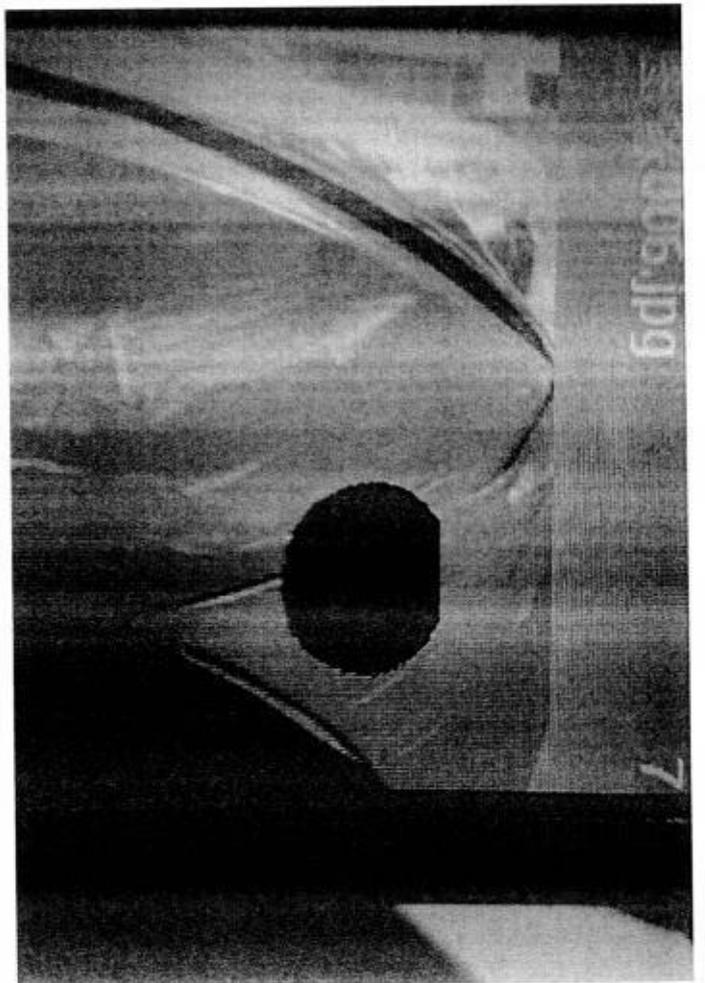
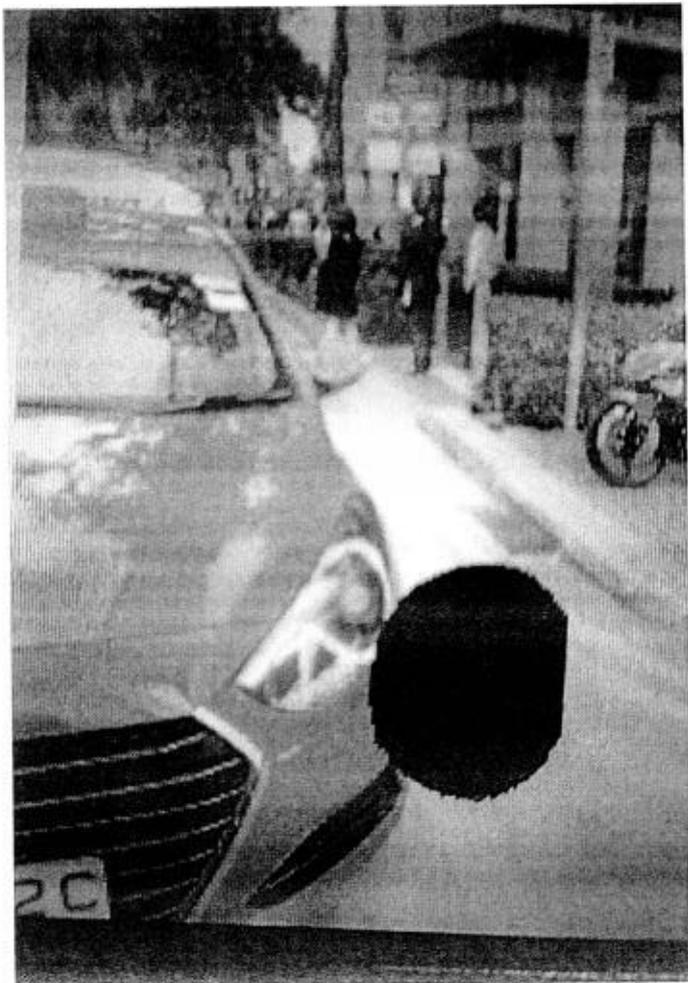
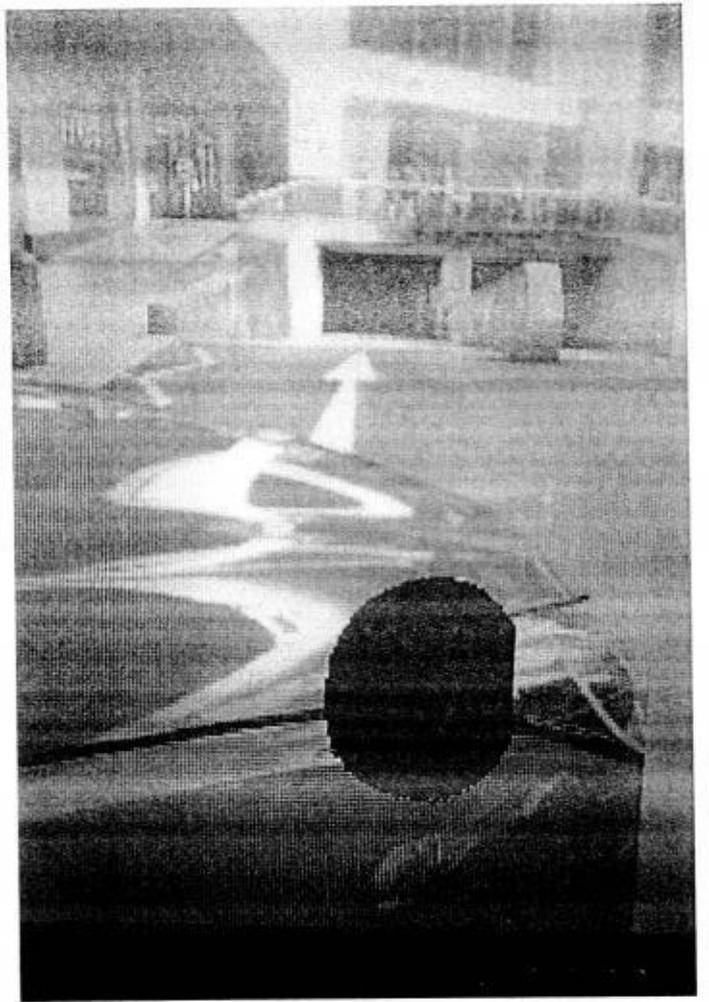
COMFORT TRANSPORTATION LTD
 CO REG NO: 199203521R

Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

[Signature] 3/4/19
 N. S. Manjani
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:





REPAIR ESTIMATE*

VEHICLE NO : SHC 8572C

DATE 3/4/2019 13:11

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover / <i>Default</i>			\$ 1052.20
	Front Bumper Grille (RH) x <i>one</i>			\$ 41.60
	Front Bumper Bracket Top (RH) x <i>one</i>			\$ 22.40
	Front Bumper Bracket (RH) - <i>one</i>			\$ 24.60
	Headlamp (RH) - <i>Grouted</i>			\$ 1,388.00
	Front Fender (RH) - <i>Bubbled</i>			\$ 663.00
	Front Fender Shield (RH) x <i>one</i>			\$ 174.90
	Front Fender Retainer x <i>one</i>			\$ 24.60
	Front Wheel Hub Cap (RH) - <i>hinged</i>			\$ 107.10
	<i>Front RH Door x repair</i>			
	SUB TOTAL			\$ 2,990.70
	LESS 20%			\$ 598.14
	DISCOUNTED TOTAL			\$ 2,392.56
	Front Fender Advertisement Logo (RH) x <i>47</i>			\$ 100.00 Nett
	Front Door Comfort Logo (RH) - <i>one</i>			\$ 75.00 Nett
	Front Door Advertisement Logo (RH) - <i>one</i>			\$ 100.00 Nett
				\$ 275.00
	Labour Charge			
	Panel Beating			\$ 400.00 ²⁰⁰
	Spray Painting Charge			\$ 800.00 ⁶⁰⁰
	Wiring Charge			\$ 30.00 ^{x 2}
	Tuff Kote			\$ 50.00 ²⁰
	FRT Wheel Alignment			\$ 80.00 ^{x 2}
	TOTAL LABOUR			\$ 1,160.00
	ESTIMATE TOTAL			\$ 3,827.56
				4433.72

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation

on a "No Prejudice" basis

- No illegal modifications allowed
- Supplementary work must be surveyed and approved by the Insurance Company

Acknowledged by Repairer:
 Signature:
 Date:

Kalvin 7000
3/4/19 1420hrs
2072
45 After Repair photo

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.

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3911585

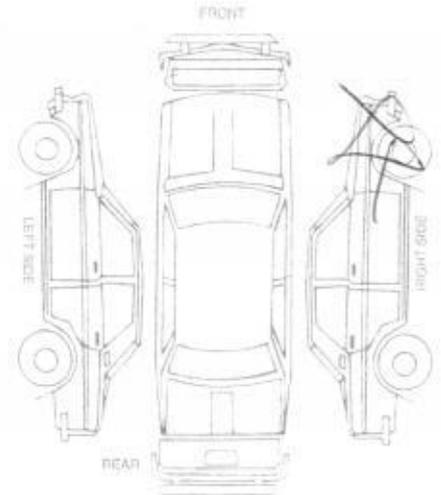
JC NO.: 305284036

OMER S OMER NO. ESS (R) (P) JUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755		REGN NO.: SHC8572C	MILEAGE
			MAKE: HYUNDAI	FUEL E.....1/2.....F
			MODEL I-40	DATE/TIME IN 02.04.2019 16:00
			YR OF MANU 03.12.2015	TARGET DATE
			CHASSIS CODE KMLB41UMGU080736	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.04.2019
 NATURE: 3P 02.04.19 /C

S/NO	LABOR CODE	DESCRIPTION
000010	23-01	TOWING FEE



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: SHC8572C JU NTUC LKK

Vehicle No.: SHC8572C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305284036
Date : 04/04/19

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
: SHC8572C Date of Accident : 02/04/19

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

1. The repair job shall bill to: NTUC --- SLZ9362S
###
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) N _____
 - Total for Lumpsum repair cost after Less: 20% \$2,850.00
 - Final Lumpsum Repair cost** _____
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 : JUMANI
Tel : 6214 8315
Fax : 6546 8156

Signature : _____
Name : Kalvin
Date : 8/4/19

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:

TOWING FEE



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/INC19005959/K1qd3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 09-04-2019
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLZ 9362S	Veh. Inspected	SHC 8572C
Policy No.	5100924011	Coverage (\$)	0.00
Claim No.	MT/1038538-002	Excess (\$)	0.00
Assign From		Assign Date	03/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080736	Colour	BLUE
Odometer	444527	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	CAMPEON	6 mm
L/H Front Tyre	205/60 R16	CAMPEON	6 mm
R/H Rear Tyre	205/60 R16	CAMPEON	6 mm
L/H Rear Tyre	205/60 R16	CAMPEON	6 mm

4. Description of Damages

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

5. General Information

Accident Date	02/04/2019	Inspection Date	03/04/2019
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: **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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8572C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	41.60	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	CRACKED	24.60	24.60
1	HEADLAMP (RH)	GRAZED	1,388.00	1,388.00
1	FRONT FENDER (RH)	BUCKLED	663.00	663.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	174.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT WHEEL HUB CAP (RH)	GRAZED	107.10	107.10
1	FRONT RH DOOR (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-699.68	-646.98
			2,798.72	2,587.92
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NOT NECESSARY	100.00	-
1	FRONT DOOR COMFORT LOGO (RH)(SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			275.00	175.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT RH DOOR.		400.00	200.00
	SPRAY PAINTING CHARGE.		800.00	600.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,360.00	820.00
GRAND TOTAL			4,433.72	3,582.92
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,850.00

Report Ref No. NS/INC19005959/K1qd3n2

Report Ref No. NS/INC19005959/K1qd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to read 'K.K. LAU'.

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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