

Surveyor: Kelvin

REF: NS/INC19006119/ K19d3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLL7478D

Policy No. 5088353561-02 (15/01/2019-)

Claims No. _____

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN/OUT

Veh No: SHD 43242 Yr Regn: 28 Jan, 2012

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

Truck / Trailer or

Make: Hyundai Santa cc 1.9

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

Sp. Reading: 848047 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HET41VM CA 82 6781

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R:

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

TOYO / YOKO or

Front R/Bal. 6 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 4/4/19 D.O.I. 5/4/19

Survey held at CDHE (Loyang)

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

O/S Front

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

Date / Time	Action / Instruction
	SHD 43242 - CC3/LCR17016047/K19d3n2 DOA-16/12/2017 INC
	SLL 7478D - X 91
9/4/19	LL15 4/5 \$1450 / 30% (Red to 1740.82, 46%)

RECEIVED 10 APR 2019

Date/Time, File Pass to? ☐ : Prel. Report

1) 10/4 2019 ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: TP

Lump Sum / LSA: 1450

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$1

Photos

Others

TOTAL

160

Shiau Chan (LKKAUTO)

From: MTCL@income.com.sg
Sent: Tuesday, 9 April 2019 5:51 PM
To: Shiau Chan (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi

All claim created.

With Regards

Azlin Rani
Senior Administrator, 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

in with you

From: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Tuesday, 9 April 2019 12:07 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 09/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D
1	MT/1039023-002	COMFORT TRANSPORTATION PTE LTD	SHD 4324Z	SLL 7478D	

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

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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="04/04/2019 12:09"/>							
Vehicle No.(For Motor)	<input type="text" value="SLL7478D"/>	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 type="radio"/>	5088353561-02		TRANSCO ENTERPRISES	20862000A	GFT	drivo CLASSIC	SLL7478D	SLL7478D	15/01/2019	
<input type="button" value="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 (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	05/04/2019 11:46
Date Of Accident	04/04/2019 19:00
Exact Location Of Accident	SOMERSET RD TOWARDS GRANGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4324Z
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	SONATA-2.0 (A)
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	LEE HONG HEE
NRIC No	S1698896J
Date Of Birth	19/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1991
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92951648
Fax Number	
Contact Number	
Email Address	CHRISLHH@GMAIL.COM

Address	BLK 28 BALAM ROAD #08-25
Postcode	370028
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: : 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

REFER ATTACHED

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	SLL7478D
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AMIR BIN TAIB
NRIC/Passport Number	S0008976A
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	LH REAR
No. Of Passenger (Including Driver)	

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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. 199303821R

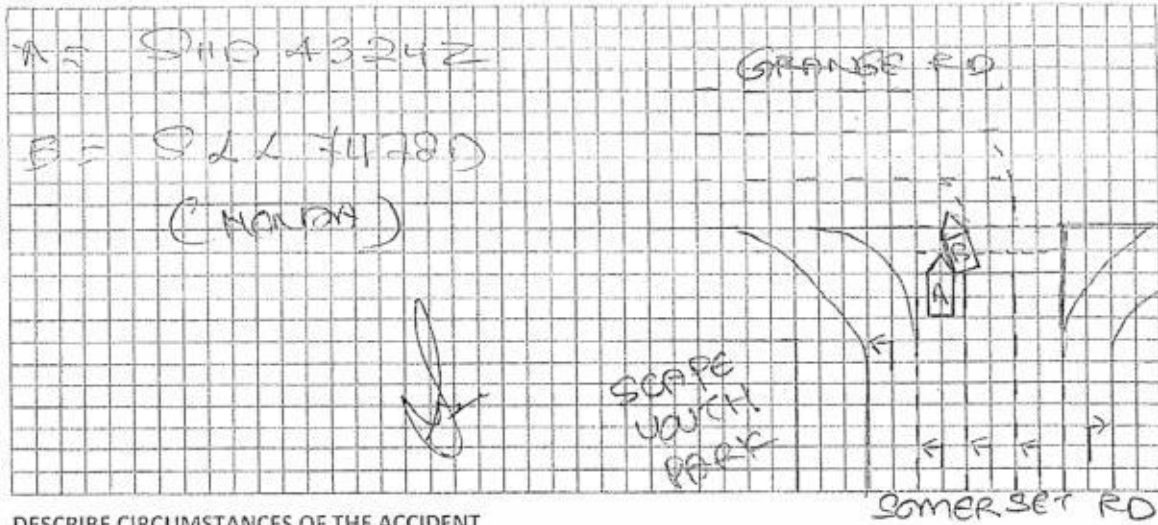
Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 05 APR 2019
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

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

Policyholder's Signature

Date & Time:

GIABMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature

Name: 05 APR 2019

NRIC/FIN No.:

Describe Circumstances of the Accident.

On the 04/04/2019 @ about 19:00hrs, I was driving along Somerset Rd towards Grange Rd

Direction. Suddenly a vehicle SLL7478D encroached onto my lane and grazed onto my right front portion of my taxi.

01 female 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

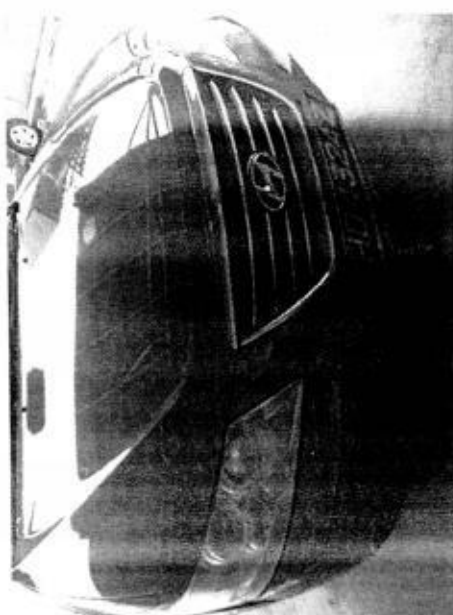
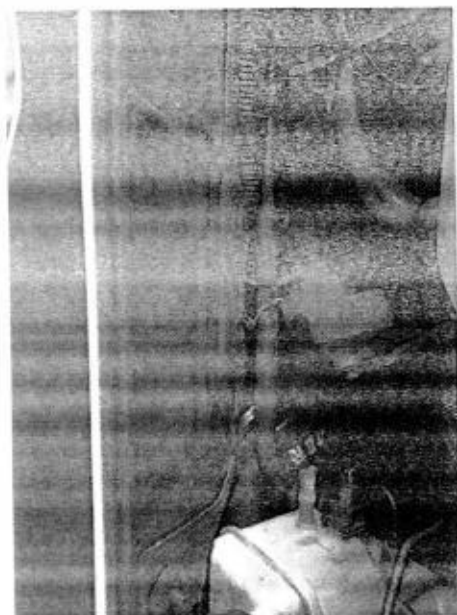
Policyholder's Signature/Date &
Time

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

Olivia Wendy

Witnessed by Reporting
Centre Personnel

05 APR 2019



Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305284529

STOMER

COMFORT TRANSPORTATION PTE LTD

/MS 7010045

STOMER NO. 7010045

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

COUNT CARD NO.

REGN NO.: SHD4324Z	MILEAGE
MAKE: HYUNDAI	FUEL E:1/2.....F
MODEL SONATA	DATE/TIME IN 05.04.2019 10:15
YR OF MANU. 28.06.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA826781	COMPLETION DATE/TIME

JOB DESCRIPTION

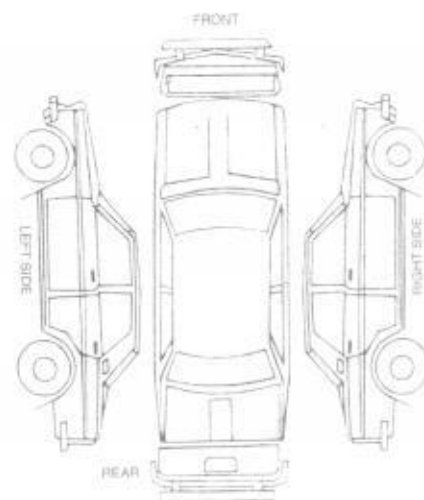
Accident Date: 04.04.2019

NATURE: 3P 04.04.19

S/NO

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHD4324Z
JU NTUC LKK

Vehicle No.: SHD4324Z

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 PTE LTD

Date: 05.04.2019

*Time: 12:40:54

REPAIR ESTIMATE

Page: 1

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

JOB NO : 305284529
 REGN NO : SHD4324Z
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : SONATA
 DATE OF REGN : 28.06.2012
 DATE/TIME IN : 05.04.2019 10:15
 ACCIDENT DATE : 04.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0101-0003-A	SNTV2 BUMPER FRONT+	1	538.80	20.00	431.04	- Pakel
0002 04-01-0101-0026-A	SNTV2 HEADLAMP ASSY RH -	1	797.90	20.00	638.32	- hand
0003 04-01-0101-0017-A	SNTVC FENDER FRONT RH+	1	593.00	20.00	474.40	X ngor
0004 04-01-0101-0030-G	SNTVC BRKT-FR BUMPER UPR	1	18.00	20.00	14.40	X su
0005 04-01-0101-0047-G	SNTVC BRACKET-FR BUMPER M	1	12.70	20.00	10.16	X su
0006 17-01-0101-0010-A	HYUNDAI BULB FOR HEADLAMP	1	8.00	10.00	7.20	X 11
0007 17-01-0199-0005-A	(SONATA/E220)BULB-SIGNAL(1	5.00	10.00	4.50	X 11
0008 17-01-9999-0007-A	(ALL) HALOGEN BULB 12V55W	1	12.00	10.00	10.80	X 11

SUB-TOTAL : 1,590.82

JOB NATURE

0000 PB	PANEL BEATING
0001 SP	SPRAYPAINT CHARGE
0002 17-01	CHECK ALL LIGHTING

~~500.00~~ 300~~500.00~~ 400~~50.00~~ 30

REPAIR ESTIMATE

Date: 05.04.2019

Time: 12:40:54

Page: 2

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

JOB NO	:	305284529
REGN NO	:	SHD4324Z
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	SONATA
DATE OF REGN	:	28.06.2012
DATE/TIME IN	:	05.04.2019 10:15
ACCIDENT DATE	:	04.04.2019

JOB / PARTS DESCRIPTION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
-----	-----	------------	-------	--------

0003 20-00 TUFF COAT ON AFFECTED PARTS.

~~50.00~~ X 27

SUB-TOTAL : 1,100.00

TOTAL : 2,690.82

MVA NAME & SIGNATURE
DATE :

 SURVEYOR NAME & SIGNATURE

DATE : _____

AUTHORISED : YES / NO

Ka₁ 11114

5/4/19 1305 hrs

3 Aug,

 $\frac{4}{5}$

4/5
After Repair photo

[illegible]

COMFORTDELGRO ENGINEERING

Our Job Ref No 305284529
Date : 08/04/19

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

FINALIZATION FORM

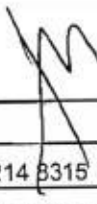
To : LKK
Attn : KALVIN
: SHD4324Z


Fax :
Date of Accident : 04/04/19

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

1. The repair job shall bill to: NTUC --- SLL7478D
###
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% \$1,450.00
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 : Kalvin
Date : 9/4/19

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:



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/INC19006119/K1qd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 11-04-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLL 7478D	Veh. Inspected	SHD 4324Z
Policy No.	5088353561-02	Coverage (\$)	0.00
Claim No.	MT/1039023-002	Excess (\$)	0.00
Assign From		Assign Date	05/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA826781	Colour	BLUE
Odometer	848047	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	HANKOOK	6 mm
L/H Front Tyre	215/60 R16	HANKOOK	6 mm
R/H Rear Tyre	215/60 R16	HANKOOK	6 mm
L/H Rear Tyre	215/60 R16	HANKOOK	6 mm

4. Description of Damages

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

5. General Information

Accident Date	04/04/2019	Inspection Date	05/04/2019
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:	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. SHD 4324Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	SNTV2 BUMPER FRONT	DEFORMED	538.80	538.80
1	SNTV2 HEADLAMP ASSY RH	GRAZED	797.90	797.90
1	SNTVC FENDER FRONT RH	TO REPAIR SEE LABOUR	593.00	-
1	SNTVC BRKT-FR BUMPER UPR	SERVICEABLE	18.00	-
1	SNTVC BRACKET-FR BUMPER M	SERVICEABLE	12.70	-
	LESS 20% DISCOUNT		-392.08	-267.34
			1,568.32	1,069.36
<u>NETT ITEMS</u>				
1	HYUNDAI BULB FOR HEADLAMP (N)	NOT NECESSARY	8.00	-
1	(SONATA/E220) BULB-SIGNAL (N)	NOT NECESSARY	5.00	-
1	(ALL) HALOGEN BULB 12V55W (N)	NOT NECESSARY	12.00	-
	LESS 10% DISCOUNT		-2.50	-
			22.50	-
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF SNTVC FENDER FRONT RH.		500.00	300.00
	SPRAYPAINT CHARGE.		500.00	400.00
	CHECK ALL LIGHTING.		50.00	30.00
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	50.00	-
			1,100.00	730.00
GRAND TOTAL			2,690.82	1,799.36
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,450.00

Report Ref No. NS/INC19006119/K1qd3n2

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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