

Surveyor: Karvin

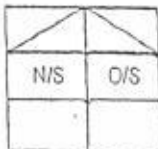
REF: NS/INC 1906212/ KHD 302

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspected Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: _____
 Policy No. 5067996224-04 (09/10/2018 -)
 Claims No. MT/1039506-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ 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 42014 Yr Regn: 10 May, 2012
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Tr / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Santa Fe c.c. 1900
 Colour: Blue A/C: 6 Insured / Std / NI / NA
 Sp. Reading: 517902 T/Radio: Insu 6 / Std / NI / NA
 Eng/No: _____
 C/No: KMHET 41VA CA824 630
 Gen. Cond: Good / 6 / Poor / Burnt
 Steering: In order / 6 / Jammed / Leaked / Burnt or
 Brake: In order / 6 / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD 6 / Rim or
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXH/VA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Maxxis
 Front 6 Rear 6
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 5/4/19 D.O.I. 8/4/19
 Survey held at CDHE (Loyang)
 Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooflop or
1/5 Front
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 42014 - CC3/QBE/14022 267/412m 392 D.O.A. 4/11/14 INC
	PA 71135 - x 4/1
11/4/19	Letter 1 L/S \$1900/ 3 Pys. (Red: 1057.70/ 35%)
RECEIVED 11 APR 2019	

Date/Time, File Pass to?

☐ : Prel. Report
☒ : Final Report

1)

Date/Time, File Return to?

3)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Other:

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekends \$

Report Form 1

Form 1 (B) 1

TP

1900-

160

eBaoTech

GeneralClaim

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="05/04/2019 10:32"/>							
Vehicle No.(For Motor)	<input type="text" value="PA7113S"/>	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"/>	5067996244-04		TRAVEL GSH PTE LTD	199205400K	GFT	Comprehensive	PA7113S	PA7113S	09/10/2018	
<input type="button" value="Continue"/>										

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Thursday, 11 April 2019 2:39 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM 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

in with you

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Thursday, 11 April 2019 10:41 AM
To: MTCL@income.com.sg
Cc: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 11/4/2019

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/1039063-002	COMFORT TRANSPORTATION	SHA 7814Y	SLG 2366C	5/4/2019	13:40	6,235.68	3,350.00
2	MT/1039506-002	COMFORT TRANSPORTATION	SHD 4201U	PA 7113S	05/4/2019	18:10	2,957.2	1,900.00

Best Regards,

Denise Tay | Case Handler

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	06/04/2019 11:52
Date Of Accident	05/04/2019 18:10
Exact Location Of Accident	TAN TYE PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4201U
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	TAY WEE TAT
NRIC No	S7818324A
Date Of Birth	04/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	11/07/1997
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90466642
Fax Number	
Contact Number	
EMail Address	TONY22TAY@GMAIL.COM

Address	BLK 102A PUNGGOL FIELD #15-440
Postcode	821102
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: : FEMALE
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

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	PA7113S
Vehicle Make/Model/Colour	PRIVATE BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

RH FRONT

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

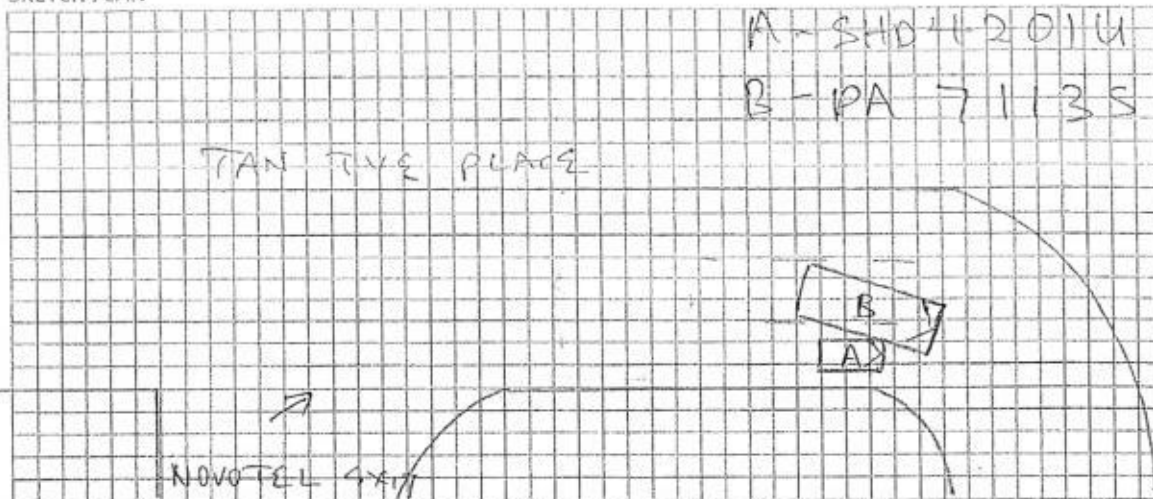
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 06.04.19

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Statement attached *

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: 06.06.19

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

SHD4201U

On 05.04.2019 at about 1810hrs, I picked up 2 female pax at the Novotel Clark Quay.

I then exit the lobby driveway and was driving on the extreme right lane of Tan Tye Place.

While driving slowly before the bend, a bus, B, which was on the extreme left lane swerved to the right and cut into my lane.

I sounded the horn and stopped but B kept moving into my lane and hit my taxi left front side.

Photos taken at the scene. No injury at the time of accident.

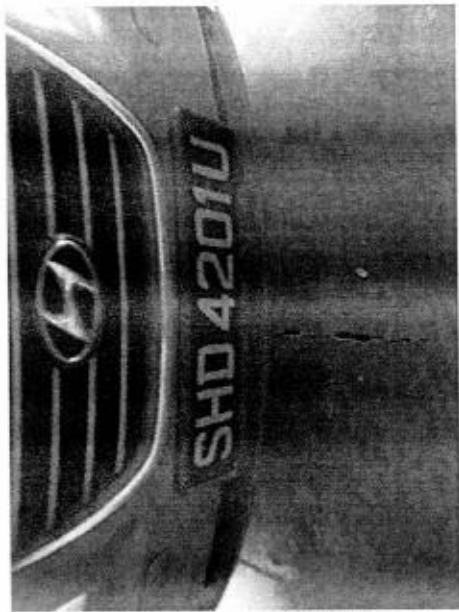
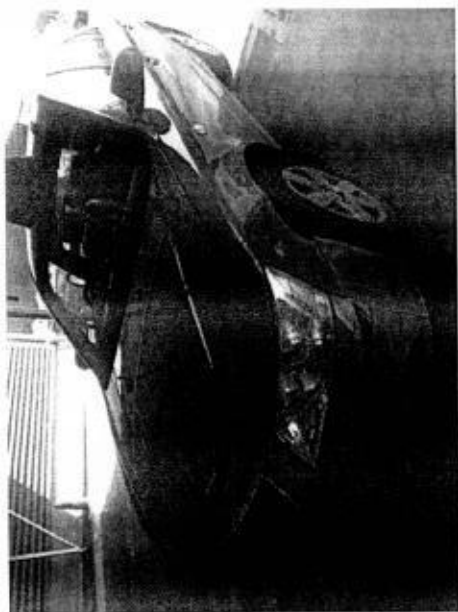
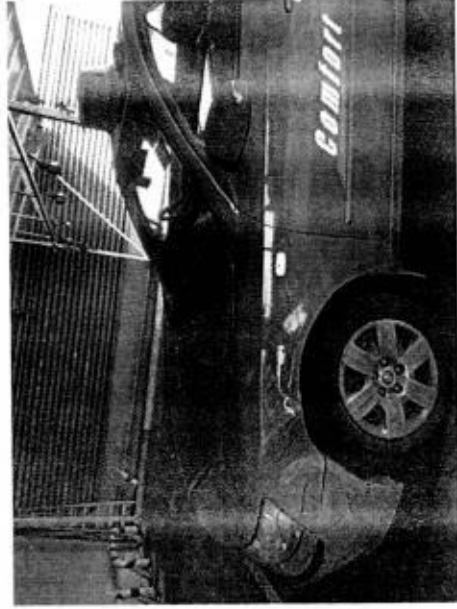
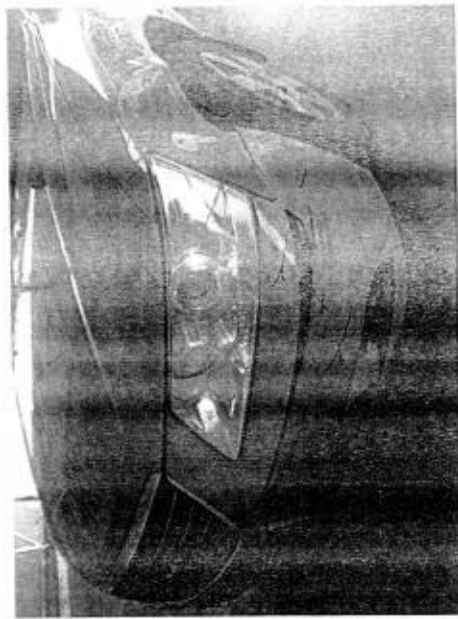
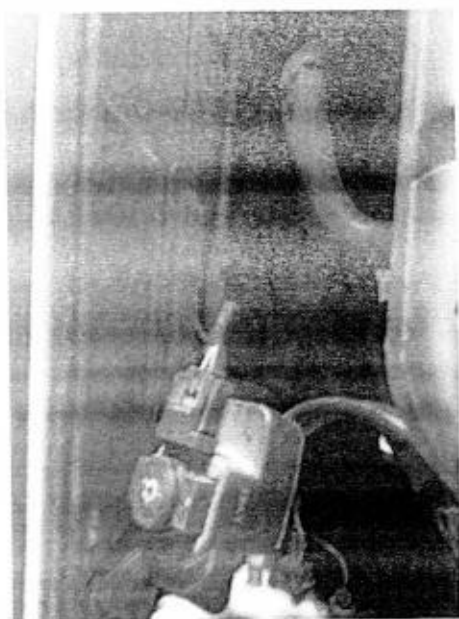
Weather was clear and light traffic.

Tay Wee Tat



S7818324A

06 April 2019



REPAIR ESTIMATE*

VEHICLE NO : SHD 4201U

DATE 8/4/2019 10:39

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>behind</i>			\$ 538.80
	Front Bumper Bracket Top (LH) <i>X</i>			\$ 22.40
	Front Bumper Protector (LH) <i>X</i>			\$ 29.20
	Headlamp (LH) <i>from</i>			\$ 797.90
	Front Fender (LH) <i>Back</i>			\$ 593.00
	Front Fender Shield (LH) <i>X</i>			\$ 86.00
	Front Fender Retainer <i>X</i>			\$ 9.20
	Front Wheel Hub Cap (LH) <i>bracket</i>			\$ 145.00
	SUB TOTAL			\$ 2,221.50
	LESS 20%			\$ 444.30
	DISCOUNTED TOTAL			\$ 1,777.20
	Labour Charge			
	Panel Beating			\$ 400.00 <i>300</i>
	Spray Painting Charge			\$ 600.00 <i>400</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Frt Wheel Alignment			\$ 80.00 <i>X</i>
	TOTAL LABOUR			\$ 1,180.00
	ESTIMATE TOTAL			\$ 2,957.20
<p><i>Ka /u/ 16/11/19</i></p> <p><i>8/4/19 1300h</i></p> <p><i>3 Days</i></p> <p><i>L/S</i></p> <p><i>After Repair photo</i></p> <p><i>Larry Ng</i></p>				
<p>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.</p>				

COMFORTDELGRO

Date/Time: 06.04.2019 13:17 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305285101

CUSTOMER
VMS
CUSTOMER NO.
ADDRESS
L (R)
(P)
SCOUT CARD NO.

COMFORT TRANSPORTATION PTE LTD VARS
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

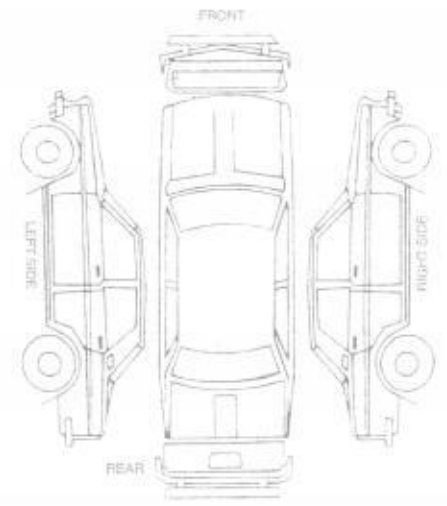
REGN NO:	SHD4201U	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	SONATA	DATE/TIME IN 05.04.2019 20:30
YR OF MANU	10.05.2012	TARGET DATE
CHASSIS CODE	KMHET41VMCA824630	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.04.2019
NATURE: 3P 05.04.2019 (C)

NO LABOR CODE
NTUC - Left Front
LKK/Kalmi -

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

el:

le No.:

le No.:

SHD4201U

LARRY

Vehicle No.:

SHD4201U

Larry Ng

ie of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305285101

Date : 10. Apr. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD4201U

Date of Accident: 5. Apr. 2019

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

1. The repair job shall bill to: NTUC PA7113S

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)

Total for Lumpsum repair cost after Less: \$1,900.00

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kalvin

Name : Kalvin

Date : 11/4/19

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				
3. Survey Fees				
4. LTA Search Fee				
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/INC19006212/K1td3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556

Date: 16-04-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PA 7113S	Veh. Inspected	SHD 4201U
Policy No.	5067996244-04	Coverage (\$)	0.00
Claim No.	MT/1039506-002	Excess (\$)	0.00
Assign From		Assign Date	08/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA824630	Colour	BLUE
Odometer	517902	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 N/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	05/04/2019	Inspection Date	08/04/2019
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
-------------------------------------	----------------



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 4201U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	538.80	538.80
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER PROTECTOR (LH)	TO REPAIR SEE LABOUR	29.20	-
1	HEADLAMP (LH)	CRACKED	797.90	797.90
1	FRONT FENDER (LH)	BUCKLED	593.00	593.00
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	86.00	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT WHEEL HUB CAP (LH)	GRAZED	145.00	145.00
	LESS 20% DISCOUNT		-444.30	-414.94
			1,777.20	1,659.76
LABOUR				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF FRONT BUMPER PROTECTOR (LH).		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,180.00	740.00
GRAND TOTAL			2,957.20	2,399.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,900.00

Report Ref No. NS/INC19006212/K1td3n2

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

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.