



Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.

Date of Accident

10/04/2019 15:06

Vehicle No.(For Motor)

SGD8045P

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5019302558-12		HO FOOK KEE	S0545135C	GPC	Third Party, Fire & Theft	SGD8045P	SGD8045P	01/03/2019	29/02/2020

## Veron Chen (LKKAUTO)

**From:** MTCL@income.com.sg  
**Sent:** Tuesday, 16 April 2019 12:03 PM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** RE: REQUEST FOR CLAIM NUMBER

Hi

Claim created.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estima
1	MT/1040142-002	CITYCAB PTE LTD	SHC 828T	SKJ 5891D	11/4/2019	5:10	\$6,032.

With Regards

*Junainah*  
Senior Admin Assistant  
Motor Insurance  
[www.income.com.sg](http://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](http://Income.com.sg/careers)

**in** with you

**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Tuesday, 16 April 2019 11:48 AM  
**To:** MTCL@income.com.sg  
**Subject:** RE: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Insured vehicle SKJ 5891D

Best Regards,  
**Veron Chen** | Case Handler  
LKK Auto Consultants Pte Ltd

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

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

**From:** MTCL@income.com.sg <mtcl@income.com.sg>

**Sent:** Tuesday, 16 April 2019 11:40 AM

**To:** Veron Chen (LKKAuto) <veronchen@lkkauto.com>

**Subject:** RE: REQUEST FOR CLAIM NUMBER

Hi,

Claims created.

For no 1, please confirm our insured vehicle no.

With Regards

**Junainah**

Senior Admin Assistant

Motor Insurance

[www.income.com.sg](http://www.income.com.sg)

**income**  
made different



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Find out more at [Income.com.sg/careers](http://Income.com.sg/careers)

**in** with you

**From:** Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]

**Sent:** Tuesday, 16 April 2019 9:26 AM

**To:** MTCL@income.com.sg

**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No
1		CITYCAB PTE LTD	SHC 828T	<del>GBD 1707T</del>
2	MT/1039810-002	COMFORT TRANSPORTATION P L	SHC 1109D	SGD 8045P
3	MT/1039980-002	COMFORT TRANSPORTATION P L	SH 7349G	FBK 5413C

D.O.A	Time of Accident	Estimate	Tentative repair cost
11/4/2019	5:10	\$6,032.00	\$2,500.00
10/4/2019	10:30	\$2,937.68	\$1,900.00
10/4/2019	9:00	\$5,688.04	\$3,244.44

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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## 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	10/04/2019 13:43
Date Of Accident	10/04/2019 10:30
Exact Location Of Accident	JURONG LOGISTICS HUB
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1109D
<b>Insured/Policyholder</b>	
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
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-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	TAN KIAT SAN ANDREW
NRIC No	S7022578F
Date Of Birth	11/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1995
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96772836
Fax Number	
Contact Number	
Email Address	ANDREWALOYSIUS@YAHOO.COM

Address	523 02-30 SERANGOON NORTH AVENUE 4
Postcode	550523
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 (TP reverse)
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	SGD8045P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO FOOK KEE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR

No. Of Passenger (Including Driver)



# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/4/19 at about 1030 hrs while I Veh A was stationary along the driveway and collecting payment from my passenger, Veh B reversed from the lobby and collided on the right rear portion of my stationary vehicle.

## DECLARATION

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

COMFORT TRANSPORTATION LTD.  
CO. REG. NO. 199303521R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:

S. J. Morthy  
10/4/19

## Sketch Plan Pg. 2

### 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:

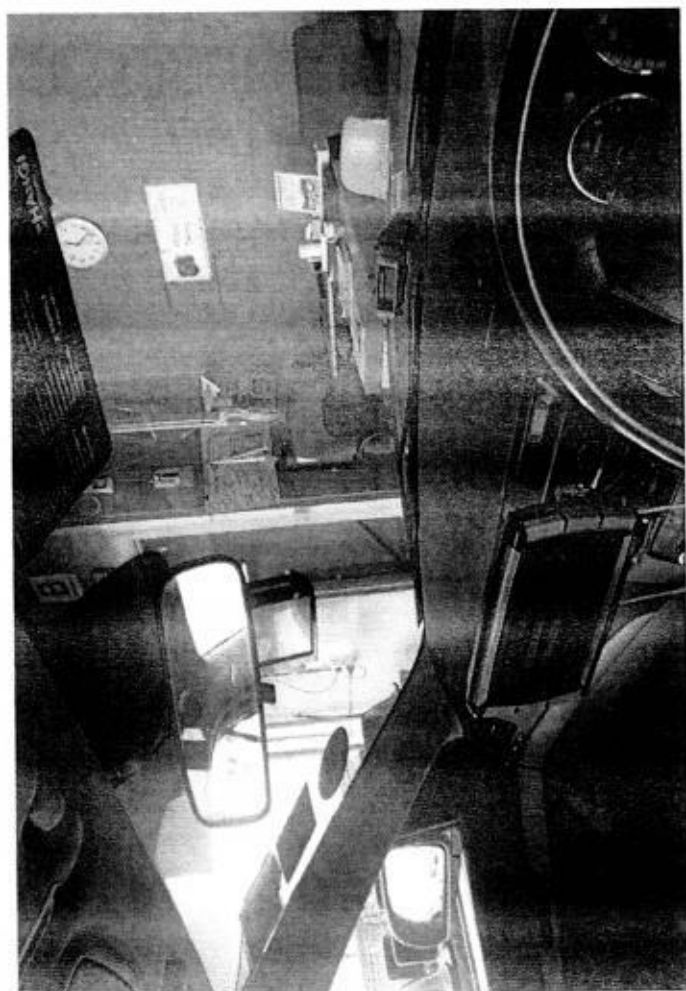
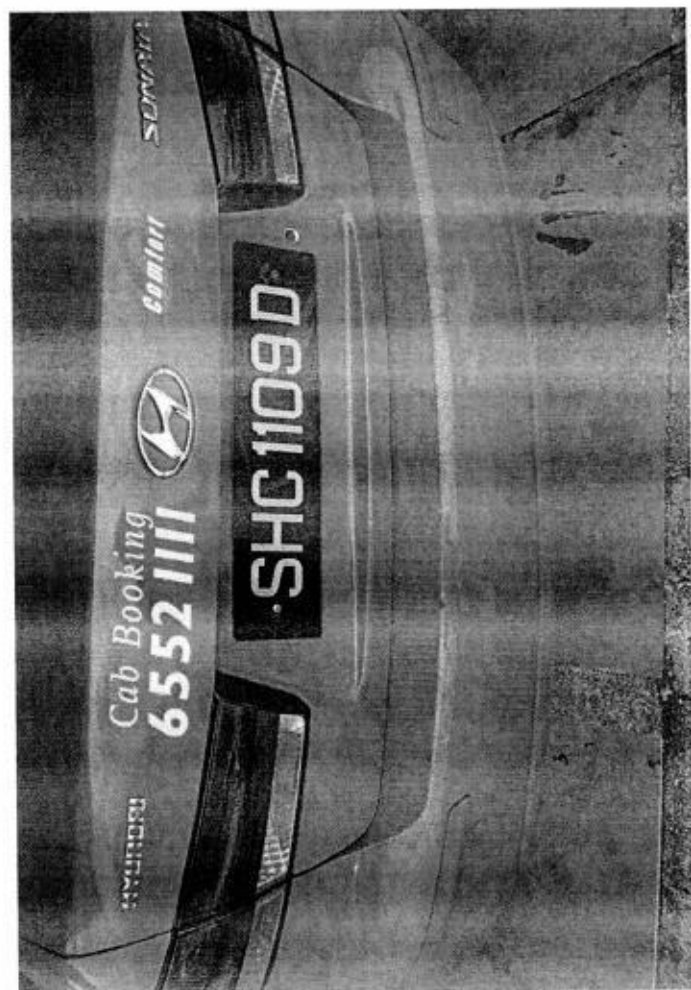
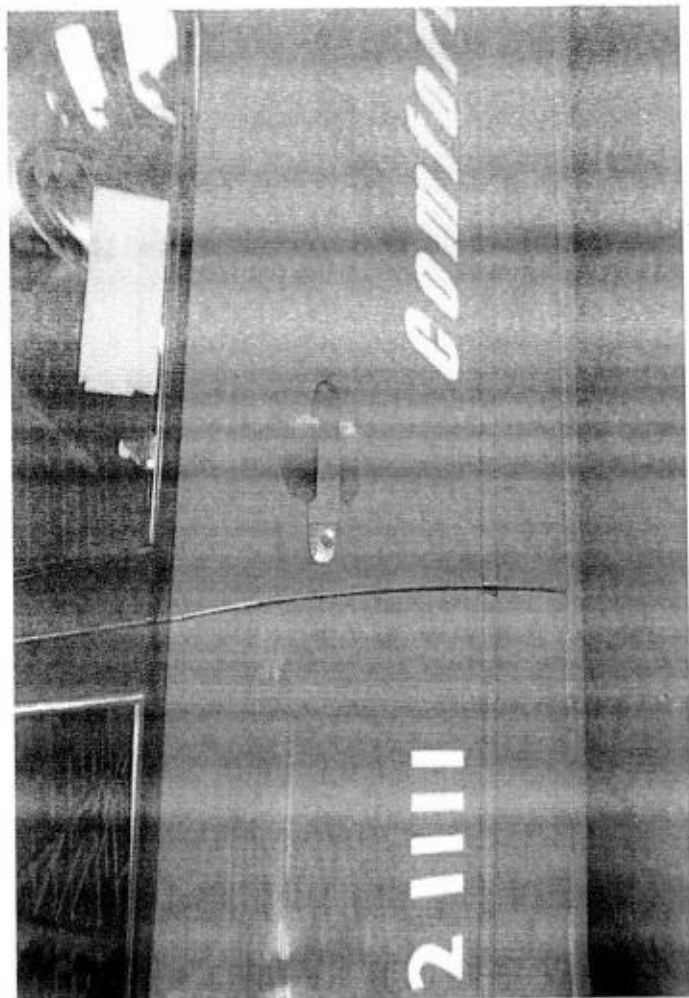
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

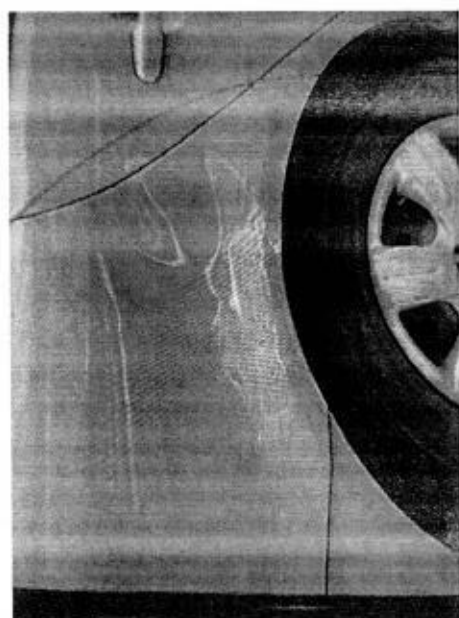
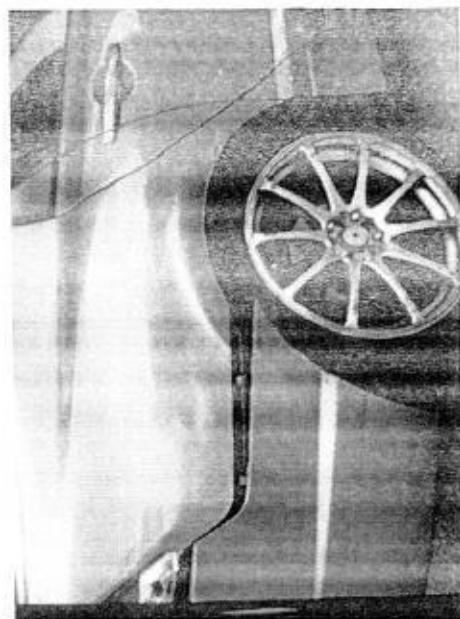
COMFORT TRANSPORTATION PTE LTD.  
CO. REG. NO. 199303321R

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.:







## REPAIR ESTIMATE\*

DATE 10/4/2019 14:59

**MODEL : HYUNDAI SONATA**

Page 1 of 1

COMFORTDELGRO

Date/Time: 10.04.2019 15:21 Page : 1

Team: IN ARC Repair TP(CLS0)1

## JOB CARD

Sales Order:

JC NO. 305286217

TOMER

REGN NO.: SHC1109D

MILEAGE

AS COMFORT TRANSPORTATION PTE LTD  
7010045

MAKE: HYUNDAI

FUEL

TOMER NO. 383 SIN MING DRIVE  
RESS Singapore SINGAPORE 575717  
65508755 (P) (O)

MODEL SONATA

DATE/TIME IN 10.04.2019 12:20

YR OF MANU 05.04.2012

TARGET DATE

CHASSIS CODE KMHET41VMCA822252

COMPLETION DATE/TIME

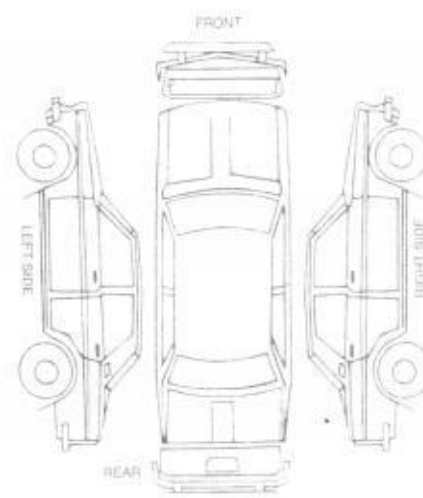
OUNT CARD NO.

## JOB DESCRIPTION

Accident Date: 10.04.2019

NATURE: 3P 10.04.2019

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No. SHC1109D

LKE

Vehicle No.:

SHC1109D

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305286217

Date : 13.04.19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHC1109D CTPL

10.04.19

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

1. The repair job shall bill to: NTUC SGD8045P
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: 20% \$1,900.00
  - Final Lumpsum Repair cost** \$1,900.00

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Calvin

Date : 15/4/19

### 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		NO		
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/INC19006474/K1vd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 18-04-2019	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SGD 8045P	Veh. Inspected	SHC 1109D	
Policy No.	5019302558-12	Coverage (\$)	0.00	
Claim No.	MT/1039810-002	Excess (\$)	0.00	
Assign From		Assign Date	10/04/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	KMHET41VMCA822252	Colour	BLUE	
Odometer	899846	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	WEST LAKE	6 mm	
L/H Front Tyre	215/60 R16	WEST LAKE	6 mm	
R/H Rear Tyre	215/60 R16	WEST LAKE	6 mm	
L/H Rear Tyre	215/60 R16	WEST LAKE	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	10/04/2019	Inspection Date	10/04/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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. SHC 1109D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR FENDER (RH)	BUCKLED	1,935.90	1,935.90
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	74.10	-
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
1	REAR WHEEL HUB CAP,RH	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-435.42	-420.60
			1,741.68	1,682.40
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
			46.00	46.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING.		400.00	300.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.		120.00	100.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			1,150.00	670.00
	<b>GRAND TOTAL</b>		<b>2,937.68</b>	<b>2,398.40</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>1,900.00</b>

Report Ref No. NS/INC19006474/K1vd3n2

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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