

Surrogate: Kalvin

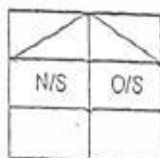
REF: NS/INC19006614/KITd3n2

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV  
 To Inspected Vehicle No: \_\_\_\_\_  
 at Workshop n/s \_\_\_\_\_  
 Insured: Gy 97865  
 Policy No: 5104310013 (16/10/18 - 17/10/2019)  
 Claims No: MT/1039974-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Vth: \_\_\_\_\_

(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: SHA 18012 Yr Regn: 6 Dec 2018  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T@ / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota Pro c.c. 1700  
 Colour: Blue A/C: Inc / Std / NI / NA  
 Sp. Reading: 58654 T/Radio: Inc / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTOKB3F4903077625  
 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 / Rim or  
 Tyre Size: F: 195/65R15  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Davanti  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. 2 mm R/Bal. 2 mm  
 L/Bal. 2 mm L/Bal. 2 mm  
 D.O.A. 11/4/19 D.O.I. 12/4/19  
 Survey held at CDHE (Loyang)  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
o/s Body  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
15/4/19	Grant P/P \$239.50 / 1 by. (Red: 149.03, 38%) INC
	SHA 18012 - X
	Gy 97865 - NA/INC 10015114/2
	DOI: 9/4/2010
	RECEIVED 16 APR 2019

Date/Time, File Pass to? ☐ : Prel. Report  
☒ : Final Report  
 1) 16/4 Typist  
 Date/Time, File Return to?

Days Of Repair: 1  
 Resurvey No. of Trip: 1

Survey Fee:	
Transportation:	
S + RS	
Photos	
Others	
TOTAL	160

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Invs (\$ \_\_\_\_\_)  
☐ : Weather S (\$ \_\_\_\_\_)

Report Format: TP  
 Lump Sum: 239.50

## Denise Tay (LKKAUTO)

**From:** MTCL@income.com.sg  
**Sent:** Tuesday, 16 April 2019 11:16 AM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia  
Senior Admin Assistant,  
Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)

**income**  
made different



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:** Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]  
**Sent:** Monday, 15 April 2019 5:49 PM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 15/4/2019

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/1039974-002	COMFORT TRANSPORTATION	SHA 1801Z	GY 9786S	11/4/2019	07:50	388.53	239.50

Best Regards,

Denise Tay | Case Handler  
LKK Auto Consultants Pte Ltd

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="11/04/2019 11:04"/>
Vehicle No.(For Motor)	<input type="text" value="GY9786S"/>	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"/>	5104310013		ROTEX ENGINEERING & SERVICES PTE. LTD	200107891W	GCV	Third Party, Fire & Theft	GY9786S	GY9786S	18/10/2018	17/10/2019

## 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	11/04/2019 14:32
Date Of Accident	11/04/2019 07:50
Exact Location Of Accident	BUKIT TIMAH TWDS BALMORAL RD.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1801Z
<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	TOYOTA
Model	PRIUS HYBRID 4G

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 GUAN HONG
NRIC No	S0042481A
Date Of Birth	17/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1973
Driving Experience	45 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96387950
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 497C TAMPINES STREET 45  
#09-48

Postcode 522497

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 HIT BY FALLEN TREE / OTHER OBJECTS

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 \* TYPE OF ACCIDENT :- HIT BY FALLEN OBJECT FROM GY9786S

#### 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 GY9786S

Vehicle Make/Model/Colour LORRY

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MR LAM

NRIC/Passport Number

Contact Number 98218412

Address

Postcode

Insurance Company Name

Nature Of Damage

NO DAMAGED

No. Of Passenger (Including Driver)

**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.

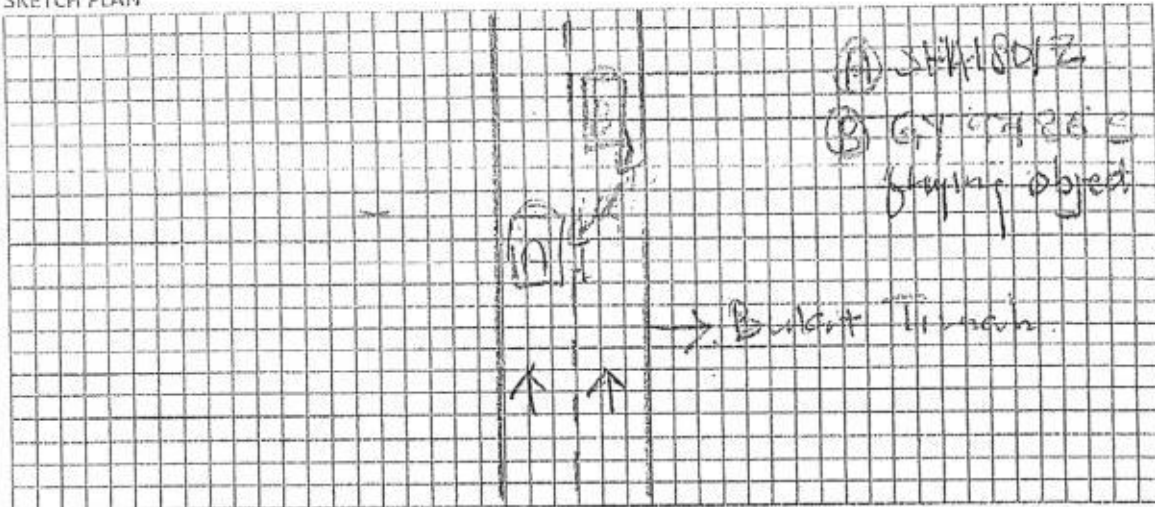
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

11/4/15  
Jackson Heng  
CSO  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/4/2019 at about 0750 hrs, I vehicle A was driving my taxi along bullet trench toward balmain road flyover. while I was on the left lane. Vehicle B was on my right lane. Suddenly and unexpectedly, fallen debris (due to no proper tightness of good) fall out and spill out from the rear of vehicle B and hit vehicle A right front door handle damage.

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:

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



## REPAIR ESTIMATE

VEHICLE NO: SHA 1801Z

12/4/2019 14:01

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT DOOR INNER HANDLE (RH) <i>me</i>			\$ <del>184.70</del> 186.00
SUB TOTAL			\$ 184.70
LESS 25%			\$ 46.18
DISCOUNTED TOTAL			\$ 138.53
LABOUR CHARGE			
Panel Beating			\$ <del>150.00</del> 150.00
Spray Painting			\$ 100.00 <i>X4</i>
TOTAL LABOUR			\$ 250.00
ESTIMATE TOTAL			\$ 388.53
			389.50

Kahar 11/11/19  
 12/4/19 1505h  
 1 Day  
 PIP  
 After Repair pLk

LXX Auto Consulting hence notify  
 the Repairer of the following  
 \* To resolve before after spray painting  
 \* To supply damaged parts (any survey)  
 \* To provide subject to inspection  
 \* To provide only state without include basis  
 \* To provide only state without include basis  
 \* To provide only state without include basis  
 \* To provide only state without include basis  
 \* To provide only state without include basis

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.

COMFORTDELGRO

Date/Time: 11.04.2019 17:38

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO: 305286578

CUSTOMER

R/MS

CUSTOMER NO.

ADDRESS

TEL (R)

(F)

SCOUT CARD NO.

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

VAFS

REGN NO:

SHA1801Z

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)11.04.2019 13:05

DATE/TIME IN

YR OF MANU

06.12.2018

TARGET DATE

CHASSIS CODE

JTDKB3FU903077625

COMPLETION DATE/TIME

## JOB DESCRIPTION

Accident Date: 11.04.2019

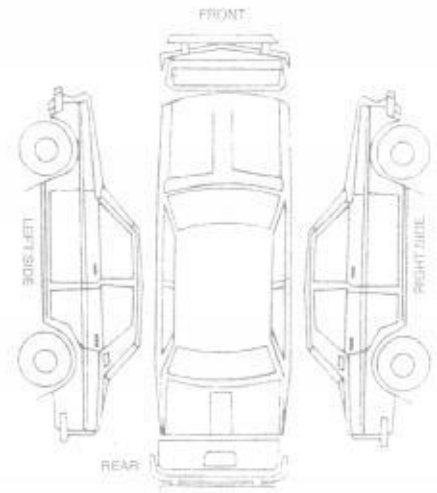
NATURE: 3P 11.04.2019 ( C )

S/NO

LABOR CODE

DESCRIPTION

KTUC - Right Front Door  
LRR/Kdwi



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

S:

D:

Vehicle No.:

SHA1801Z

LARRY

Vehicle No.:

SHA1801Z

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305286578  
REGN NO : SHA1801Z  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 06.12.2018  
DATE/TIME IN : 11.04.2019 13:05  
ACCIDENT DATE : 11.04.2019

---

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

---

PART REQUISITION

---

0001 04-01-0302-3904-G PRIG4 FRAME SUB-ASSY FR D 1 186.00 25.00 139.50

SUB-TOTAL : 139.50

---

JOB NATURE

---

0000 PB PANEL BEATING 100.00

SUB-TOTAL : 100.00

TOTAL : 239.50

---

MVA NAME & SIGNATURE  
DATE :

---

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305286578

Date : 12. Apr. 2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA1801Z

Date of Accident: 11. 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 GY9786S

2. The finalized amount shall be:

(a) Spare Parts after List discount \$139.50

(b) Labour Charges \$100.00

**Total for Part-By-Part Repair Cost \$239.50**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: \_\_\_\_\_

**Final Lumpsum Repair cost** \_\_\_\_\_

3. Estimated normal period for repairs: 1 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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kahn

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				
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/INC19006614/K1td3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 24-04-2019



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GY 9786S	Veh. Inspected	SHA 1801Z
Policy No.	5104310013	Coverage (\$)	0.00
Claim No.	MT/1039974-002	Excess (\$)	0.00
Assign From		Assign Date	12/04/2019

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	JTDKB3FU903077625	Colour	BLUE
Odometer	58654	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	DAVANTI	7 mm
L/H Front Tyre	195/65 R15	DAVANTI	7 mm
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	11/04/2019	Inspection Date	12/04/2019
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: 1 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. SHA 1801Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<u>REPLACEMENT OF PARTS</u>	CRACKED		
	FRONT DOOR INNER HANDLE (RH)		186.00	186.00
	LESS 25% DISCOUNT		-46.50	-46.50
		139.50	139.50	
	<u>LABOUR</u>	NOT NECESSARY		
	PANEL BEATING.		150.00	100.00
SPRAY PAINTING.	100.00		-	
		250.00	100.00	
GRAND TOTAL			389.50	239.50
RECOMMENDED COST OF REPAIRS (CONFIRMED)				239.50

Report Ref No. NS/INC19006614/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

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