

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Monday, 22 April 2019 3:00 PM
To: Denise Tay (LKKAUTO)
Subject: RE: REQUEST CLAIM NUMBER

Hi,

Claims created.

With Regards

Junainah
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: Monday, 22 April 2019 10:02 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 01/03/2019

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/1039918-002	COMFORT TRANSPORTATION PTE LTD	SHD 4151E	GBD 1707T	11/04/2019	21:30	5325.20	3600/-
2	MT/1040362-002	COMFORT TRANSPORTATION PTE LTD	SHA 7331Z	SJR 568R	12/04/2019	20:50	4,598.72	1100
3	MT/1040158-002	COMFORT TRANSPORTATION PTE LTD	SH 9645M	SLB 7461D	13/4/2019	21:30	4,847.50	2,935.78

[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="GBD1707T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5072723093-03		SONG KWANG AIR CONDITIONING & REFRIGERATION ENGINEERING	53045337A	GCV	Comprehensive	GBD1707T	GBD1707T	18/07/2018	17/07/2019

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	12/04/2019 10:21
Date Of Accident	11/04/2019 21:30
Exact Location Of Accident	T JUNCTION OF HOUGANG AVE 5 AND HOUGANG AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4151E
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	TOH CHWEE KIM
NRIC No	S1720379G
Date Of Birth	20/02/1965
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1984
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81262077
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 414A FERVALE LINK #22-28
Postcode	791414
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)	1

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	GBD1707T
Vehicle Make/Model/Colour	NISSAN VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HOI KUM POR
NRIC/Passport Number	S1809386C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
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:

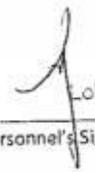
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

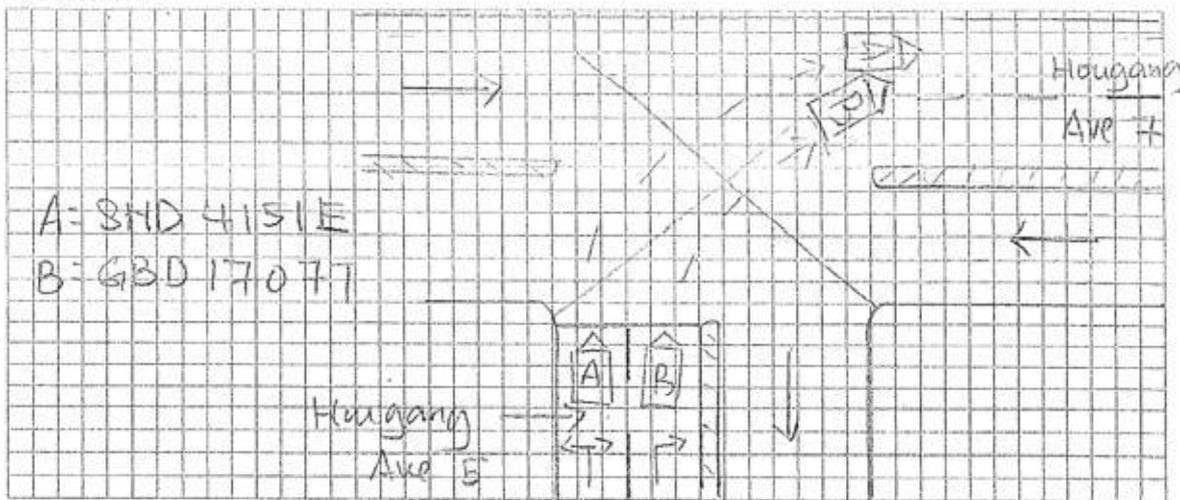
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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


Loke Yvel Yiang
12/4/19



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/4/19 at about 21:30 hrs, my taxi stopped at above said traffic junction. Shortly traffic light changed to green, I kept to left and negotiate turning right within my lane. Suddenly Veh B it front left portion hit onto my taxi right rear portion and grazed ... toward right centre portion of my taxi. I immediate stopped my taxi, I went down to have a check. Scene photo taken to support my claim. No passenger in my taxi. No injury reported in this accident.

DECLARATION

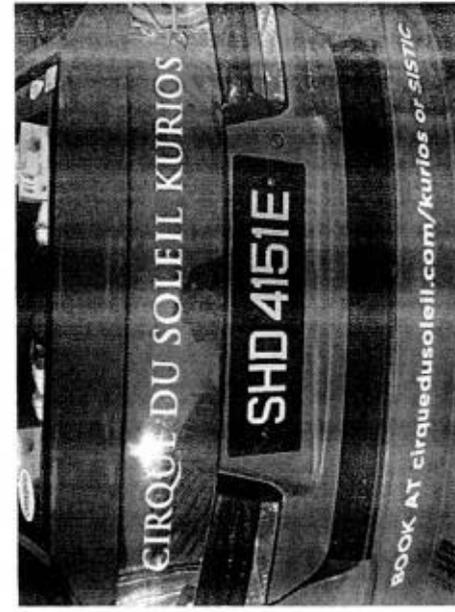
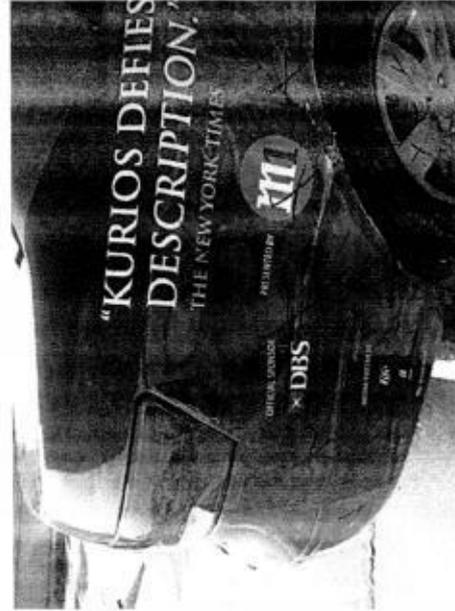
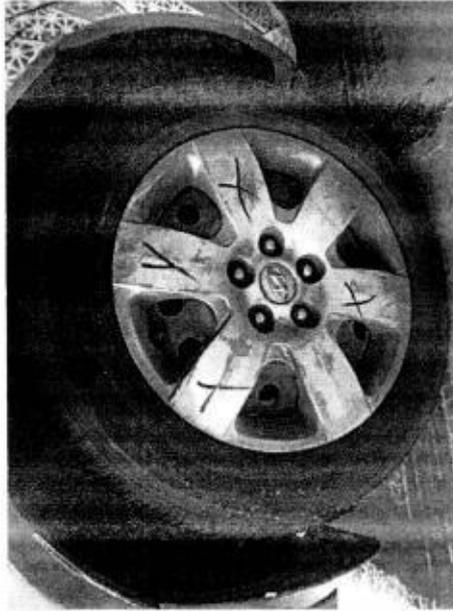
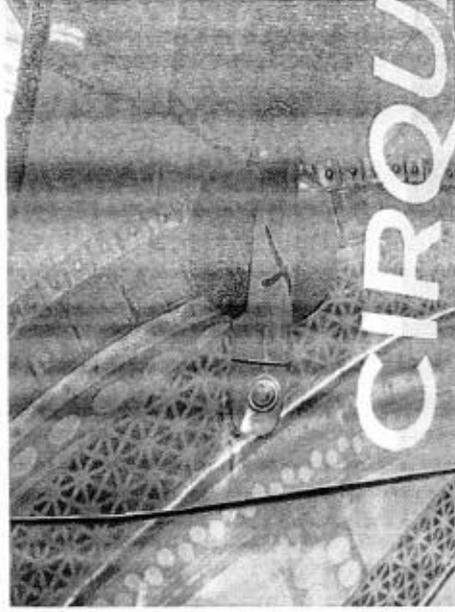
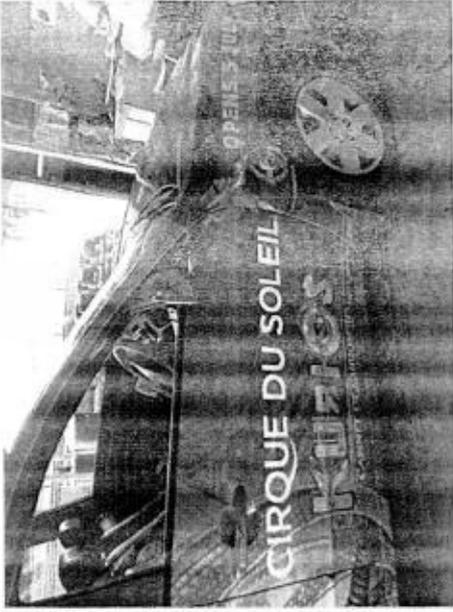
I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

[Signature]
Loke Wei Yeng
12/4/19



COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHD 4151E

DATE 12/4/2019 11:34

MAKE :

MODEL : HYUNDAI SONATA

None - Jk
- L Plus

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>- Debound</i>			\$ 578.40	
	Rear Bumper Clip <i>- ne</i>			\$ 22.00	
	Tail Lamp (RH) <i>- hatched</i>			\$ 344.00	
	Rear Fender (RH) <i>- Buckle</i>			\$ 1,935.90	
	Rear Fender Inner Lining (RH) <i>X sue</i>			\$ 74.10	
	Rear Windscreen Moulding <i>- ne</i>			\$ 60.00	
	Rear Door Outer Handle (RH) <i>X repair</i>			\$ 39.60	
	Rear Wheel Hup-Cap (RH) <i>- hatched</i>			\$ 145.00	
	<i>Front Door Outer Handle (RH) X repair</i>				
	SUB TOTAL			\$ 3,199.00	
	LESS 20%			\$ 639.80	
	DISCOUNTED TOTAL			\$ 2,559.20	
	Rear Bumper Advertisement Logo <i>- ne</i>			\$ 50.00	Nett
	Rear Bumper Rubber Mat <i>- ne</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>- ne</i>		\$ 100.00	\$ 200.00	Nett
	Rear Windscreen Sealant <i>- ne</i>			\$ 46.00	Nett
	Rear Door Advertisement Logo (RH) <i>- ne</i>			\$ 100.00	Nett
	Rear Door Tel No. Sticker (RH) <i>- ne</i>			\$ 10.00	Nett
				\$ 456.00	
	Labour Charge				
	Panel Beating			\$ 800.00	
	Spray Painting Charge			\$ 900.00	800
	Wiring Charge			\$ 50.00	20
	Tuff Kote			\$ 50.00	20
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00	50
	Remove/Refix Rear Windscreen Glass			\$ 120.00	100
	Remove/Refix Reverse Sensor			\$ 120.00	X 17
	Rear Wheel Alignment			\$ 120.00	X 17
	TOTAL LABOUR			\$ 2,310.00	
	ESTIMATE TOTAL			\$ 5,325.20	

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party surveys on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary items must be supervised and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: *Kahin 10/11/19*
Date: *12/4/19 12:15 h.*

Kahin 10/11/19
12/4/19 12:15 h.
3 Days
45
Att - Rep - 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.

COMFORTDELGRO

Date/Time: 12.04.2019 11:22 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305286704

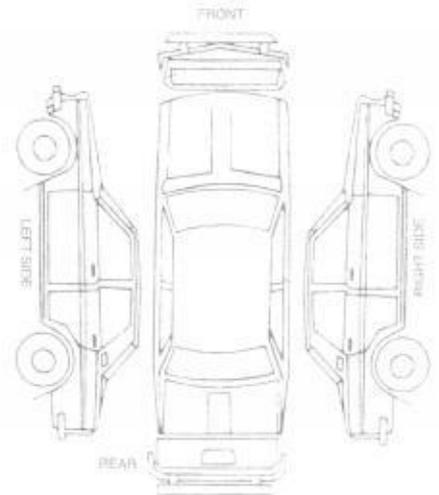
CUSTOMER MS: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO: 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO:	SHD4151E	MILEAGE
	MAKE:	HYUNDAI	FUEL E.....1/2.....F
	MODEL:	SONATA	DATE/TIME IN 12.04.2019 09:10
	YR OF MANU:	27.04.2012	TARGET DATE
	CHASSIS CODE:	KMHET41VMCA824578	COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 11.04.2019
 NATURE: 3P 11.04.19/C

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD4151E JU NTUC LKK

Vehicle No.: SHD4151E

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No 305286704

Date : 17/04/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHD4151E

Date of Accident : 11/04/19

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

1. The repair job shall bill to: NTUC --- GBD1707T
###

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% \$3,600.00

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 : 22/4/19

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/INC19006619/K1td3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 26-04-2019
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBD 1707T	Veh. Inspected	SHD 4151E
Policy No.	5072723093-03	Coverage (\$)	0.00
Claim No.	MT/1039918-002	Excess (\$)	0.00
Assign From		Assign Date	12/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA824578	Colour	BLUE
Odometer	511157	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 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:	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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4151E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	578.40	578.40
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	TAIL LAMP (RH)	GRAZED	344.00	344.00
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 DOOR OUTER HANDLE (RH)	TO REPAIR SEE LABOUR	39.60	-
1	REAR WHEEL HUP-CAP (RH)	GRAZED	145.00	145.00
1	FRONT DOOR OUTER HANDLE (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-639.80	-617.06
			2,559.20	2,468.24
SPECIAL NETT ITEMS				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) 100.00 (SN)	NECESSARY	200.00	200.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR TEL NO STICKER (RH)(SN)	NECESSARY	10.00	10.00
			456.00	456.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR DOOR OUTER HANDLE (RH) AND FRONT DOOR OUTER HANDLE (RH).		800.00	600.00
	SPRAY PAINTING CHARGE.		900.00	800.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.		120.00	100.00

Report Ref No. NS/INC19006619/K1td3n2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			2,310.00	1,590.00
GRAND TOTAL			5,325.20	4,514.24
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,600.00

Report Ref No. NS/INC19006619/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.