

Insured: Kalvin

REF:

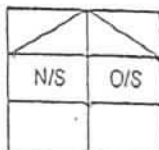
NS/INC19006621/K1vd302

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To Insp'd Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SKJ 5891D
 Policy No. 5087898640-01 (18/7/18 - 17/7/19)
 Claims No. MT/1040142-002
 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: SHE 828T Yr Regt: 426, 2013
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T. / Prime Mover /
 Truck / Trailer or
 Make: Mercedes Benz E200 c.c. 2100
 Colour: White A/C: Ins'd / Std / NI / NA
 Sp. Reading: 878554 T/Radio: Ins'd / Std / NI / NA
 Eng/No: _____
 C/No: WDP 2120022A 758726
 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: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wipac
 Front: _____ Rear: _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 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 / Roof top or
O/S B/L
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SHE 828T - CS / FCI / 501.3249 / Aqhc2</u> <u>ED: 18/15</u> <u>IR</u>
	<u>SKJ 5891D - NA / INC18006621 / r3</u> <u>DOA: 6/4/18</u> <u>YC</u>
<u>15/4/19</u>	<u>Insured</u> <u>1/5 \$2500/ 2/1/1. (Ref 3532, 589)</u>

RECEIVED 16 APR 2019

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 16/4 - typist

Report Format: TP

Sum Insured: LS \$2500f

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Wash and (\$ _____)

Survey Fee: 160

Transportation: _____

S + RS: SI

Photos _____

Others _____

TOTAL

160

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/04/2019 11:51"/>
Vehicle No.(For Motor)	<input type="text" value="SKJ5891D"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087898650-01		MUNAH BINTE BUJANG	S0088837J	GPC	drivo CLASSIC	SKJ5891D	SKJ5891D	22/04/2018	21/04/2019

Continue

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	Estim
1	MT/1040142-002	CITYCAB PTE LTD	SHC 828T	SKJ 5891D	11/4/2019	5:10	\$6,03:

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: 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

income
made different



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Find out more at 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	GBD 1707T
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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This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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 13:41
Date Of Accident	11/04/2019 05:10 ✓
Exact Location Of Accident	ALONG RAFFLES BLVD TWDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC828T ✓
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220
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	PRIVATE CAR

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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	ONG LEONG POH
NRIC No	S6839837A
Date Of Birth	21/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1990
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83807437
Fax Number	
Contact Number	
EMail Address	BENONG13@YAHOO.COM

Address	BLK 115B YISHUN RING ROAD #07-813
Postcode	762115
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: : 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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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	SKJ5891D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT LEFT

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

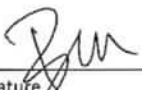
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving 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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

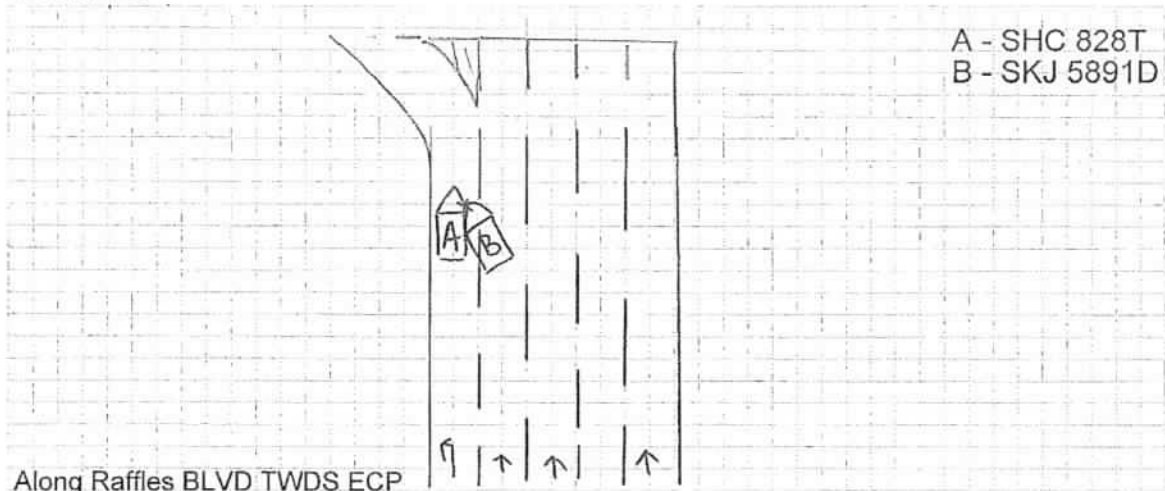
Policyholder's Signature
Date & Time:

Driver's Signature 
(If driver is not the policyholder)
Date & Time: 11.04.2019
@ 12:30hrs

Reporting Centre Personnel's Signature 
Name: 11/4/19
NRIC/FIN No.:

Loke Wei Yiong

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

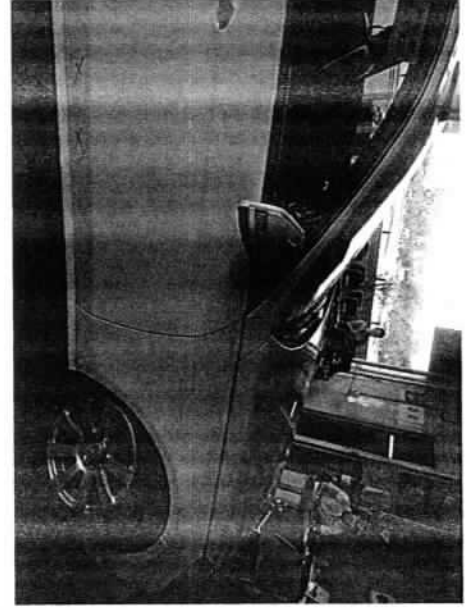
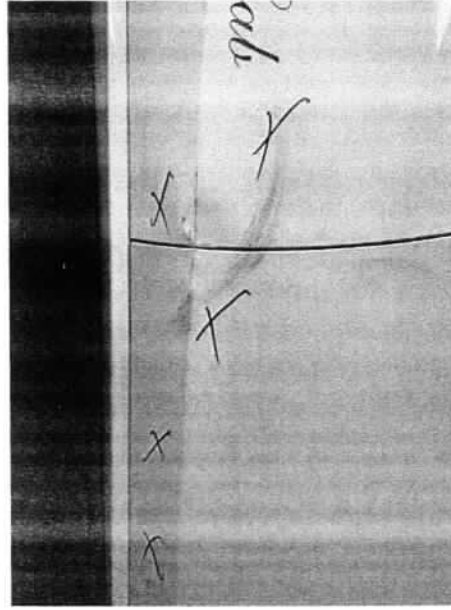
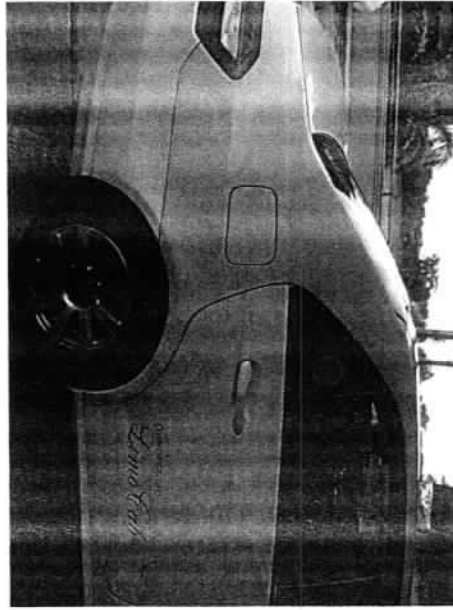
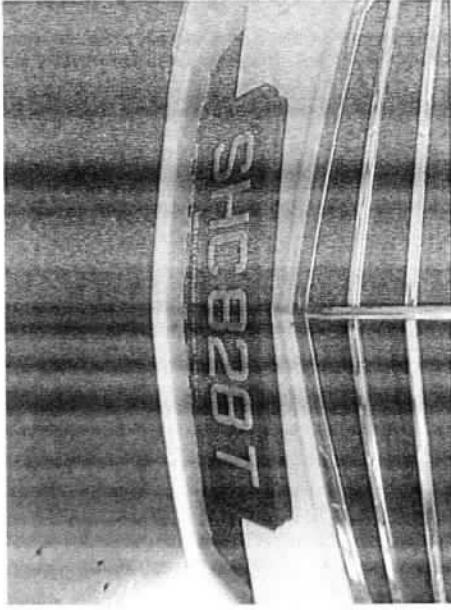
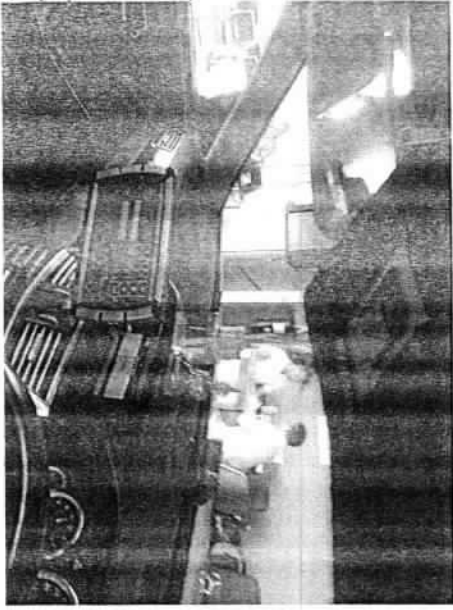
On 11.04.2019 at about 05:10 hours I was travelling along Raffles Blvd TWDS ECP with
one male passenger onboard.
While travelling straight , Suddenly Veh B (SKJ 5891D) cut into my lane and collided into
my taxi A - Right Portion .
After the accident my taxi sustain damages on the Right Portion .
As it took place so fast, I could not take evasive action to prevent the collision.
I have company video and photos at scene to support my claims.
No injury in this accident.
Veh B (SKJ 5891D) - Male Driver

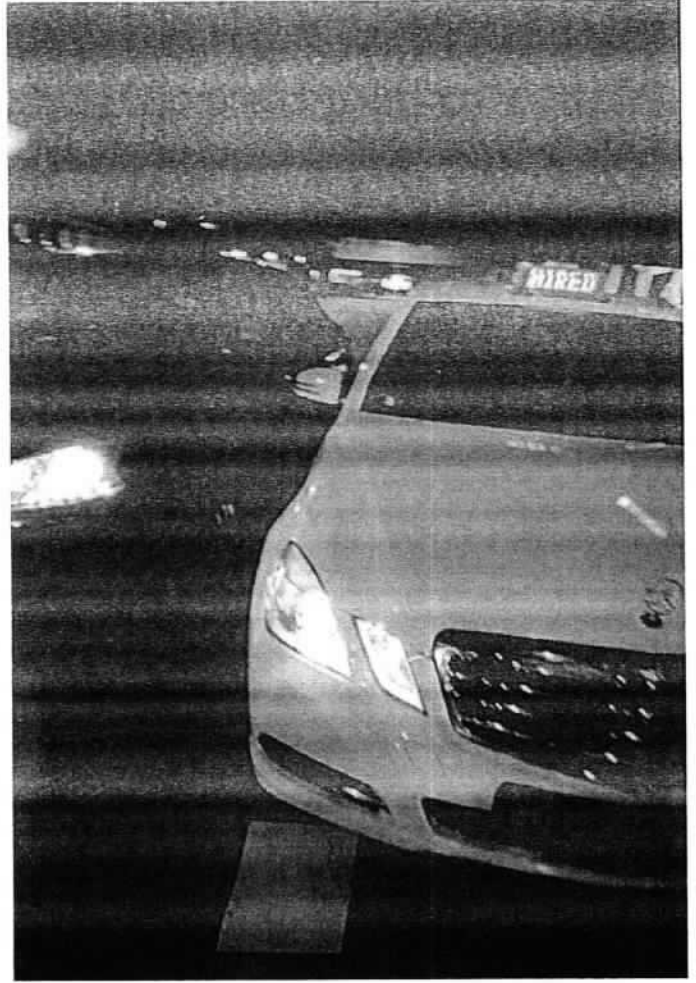
DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839GPolicyholder's Signature
Date & Time:

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 11.04.2019
 @ 12:30hrs


 Reporting Centre Personnel's Signature
 Name: 11/4/19
 NRIC/FIN No.:





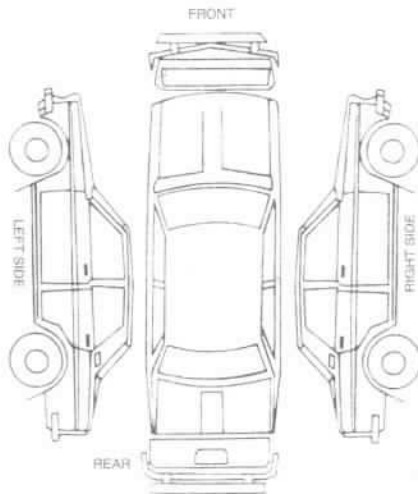
Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: 3913905 JC NO.: 305286575

OWNER	REGN NO.: SHC 828T	MILEAGE
S CITYCAB PTE LTD	MAKE: MERCEDES BENZ	FUEL
OWNER NO. 7010070	MODEL: E220CDI (E5)	E.....1/2.....F
ESS 383 SIN MING DRIVE	YR OF MANU. 04.07.2013	DATE/TIME IN 11.04.2019 06:55
Singapore SINGAPORE 575717	CHASSIS CODE WDD2120022A758726	TARGET DATE
65551188 (R) (O)		COMPLETION DATE/TIME:
(P)		
UNT CARD NO.		

JOB DESCRIPTION

Accident Date: 11.04.2019
NATURE: 3P 11.04.19

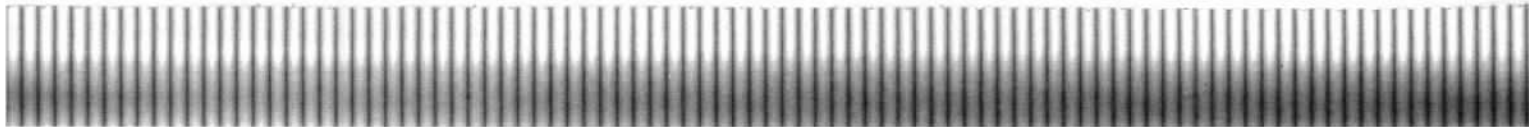
S/NO	LABOR CODE	DESCRIPTION
000010	23-01	TOWING FEE



KEYED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
-----------------	----------------------

edgement Slip	Exit Pass
No.: SHC 828T JU NTUC LKK	Vehicle No.: SHC 828T
Service Advisor	Name of Service Advisor
Signature/Date	Date
turned to Service Reception upon collection	To be kept by Security Guard



CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 828T

DATE 11/4/2019 15:10

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (RH) <i>Painted</i>			\$ 2,870.00
	Door Shell ,Frt,RH <i>X reg. :-</i>			\$ 2,970.00
	SUB TOTAL			\$ 5,840.00
	LESS 20%			\$ 1,168.00
	DISCOUNTED TOTAL			\$ 4,672.00
	Rear Door Comfort Limo Cab Logo <i>/ ne</i>			\$ 60.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>300</i>
	Spray Painting Charge			\$ 600.00 <i>400</i>
	Towing Charges			\$ 60.00 <i>X 1</i>
	Transfer Of Door		\$ 120.00	\$ 240.00 <i>50</i>
	TOTAL LABOUR			\$ 1,300.00
	ESTIMATE TOTAL			\$ 6,032.00
<p><i>Kalvin 11/4/19</i></p> <p><i>12/4/19 1115h</i></p> <p><i>2 By</i></p> <p><i>4/3</i></p> <p><i>Alto Repairs</i></p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged parts during resurvey To provide a "best to condition" To provide a survey of the "best to condition" basis To provide a survey of the "best to condition" basis To provide a survey of the "best to condition" basis To provide a survey of the "best to condition" basis <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</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.				

COMFORTDELGRO ENGINEERING

Our Job Ref No 305286575

Date : 15/04/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC 828T

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 --- SKJ5891D
###

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% \$2,500.00

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 2 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 : 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		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/INC19006621/K1vd3e2	
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.	SKJ 5891D	Veh. Inspected	SHC 828T
Policy No.	5087898650-01	Coverage (\$)	0.00
Claim No.	MT/1040142-002	Excess (\$)	0.00
Assign From		Assign Date	12/04/2019
2. Vehicle Particulars & Condition			
Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A758726	Colour	WHITE
Odometer	878354	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	6 mm
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	6 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	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:		2 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 828T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR DOOR (RH)	BUCKLED TO REPAIR SEE LABOUR	2,870.00	2,870.00
1	DOOR SHELL,FRT,RH		2,970.00	-
	LESS 20% DISCOUNT		-1,168.00	-574.00
			4,672.00	2,296.00
	<u>SPECIAL NETT ITEMS</u>			
1	REAR DOOR COMFORT LIMO CAB LOGO (SN)	NECESSARY	60.00	60.00
			60.00	60.00
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF DOOR SHELL,FRT,RH.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	TOWING CHARGES.		60.00	-
	TRANSFER OF DOOR.		240.00	50.00
			1,300.00	750.00
	GRAND TOTAL		6,032.00	3,106.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,500.00

Report Ref No. NS/INC19006621/K1vd3e2


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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