

Surveyor: Kelvin

REF: NS/INC19006721/Klsd3n2

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: SLB7461DPolicy No. 5086332359-02 (10/11/19-9/1/2020)Claims No. MT/1040158-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: SH 9645 M Yr Reg: 13 Dec, 2018

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Trailer / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: Blue A/C: Insured / Std / Nil / NASp. Reading: 41931 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

No: JTDKBJF410307760X

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In/Out / Jammed / Leaked / Burnt or

Brake: In/Out / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/60R15

R: _____

BS/DUN/EXNOVA/SY/FS/LI/ZA/MIC/OHTSU/PIR/SUMI/

TOYO/YOKO or _____

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 13/4/19 D.O.I. 15/4/19Survey held at CDHE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Roof/Top or

n/s Rev

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SH 9645 M - NS/INC16024287/H/gh3s4DOA: 19/12/16 INCSLB7461D-XP/P22/4/19 Insured P/P \$2935.78 / 3 hrs.(\$ 1,911.72 Red - 39%)

RECEIVED 22 APR 2019

Date/Time, File Pass to?

22/04/19

By

Typist

Date/Time, File Return to?

By

☐ : Prel. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp. (\$)☐ : Interview (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

160

\$2,935.78 P/P

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

13/04/2019 07:47

Vehicle No.(For Motor)

SLB7461D

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"/>	5086332359-02		GPS LIMOUSINE SERVICES	53320170E	GCV	Comprehensive	SLB7461D	SLB7461D	10/04/2019	09/04/2020

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

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	15/04/2019 08:46
Date Of Accident	13/04/2019 21:30
Exact Location Of Accident	KIM SENG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9645M
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	TOYOTA
Model	PRIUS
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	ABDUL RAHIM BIN MOHAMED ALI
NRIC No	S1309195A
Date Of Birth	30/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	03/07/1979
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93274667
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 520 PASIR RIS STREET 52 #03-15
Postcode	510520
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

PLS REFER TO 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	SLB7461D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KANG HAN YONG
NRIC/Passport Number	S1653909J
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.
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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. 199203821R

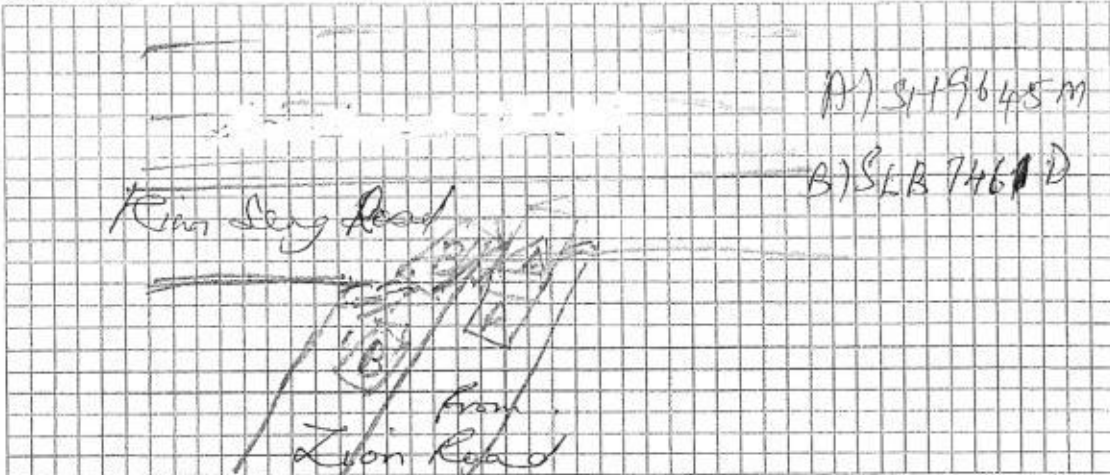
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 14/4/19

S R Moorthy
CEO

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/4/19 at about 2130hrs while I Veh A exited from the Ship Road onto Kien Seng Road, Veh B came by the left lane of the Ship Road and collided onto the left rear door portion of my moving vehicle that was already on the extreme right lane of the main road.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 192703321R

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.:

GIARMC SketchPlanForm_V3

S R Moorthy
CSO

14/4/19

REPAIR ESTIMATE

VEHICLE NO: SH 9645M

MAKE :

MODEL : TOYOTA PRIUS

15/4/2019

LKK - kalvin

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR FENDER, LH <i>hatched</i>			\$ 836.70
PANEL SUB-ASSY, REAR DOOR, LH <i>x repair</i>			\$ 1,258.30
REAR TYRE RIM, LH <i>hatched</i>			\$ 1,555.00
SUB TOTAL			\$ 3,650.00
LESS 25%			\$ 912.50
DISCOUNTED TOTAL			\$ 2,737.50
REAR DOOR COMFORT & APPS STICKER <i>me</i>		<i>187</i>	\$ 80.00
LABOUR CHARGE			
Panel Beating			\$ ⁶⁰⁰ 800.00
Spray Painting Charge			\$ 600.00 <i>x 2</i>
Wiring Charge			\$ 30.00 <i>x 2</i>
Tuff Kote			\$ 50.00 <i>20</i>
Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>50</i>
Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>x 2</i>
Remove/Refix Reverse Sensor			\$ 80.00 <i>x 2</i>
Transfer of Door			\$ 120.00 <i>x 2</i>
Rear Wheel Alignment			\$ 80.00 <i>x 2</i>
TOTAL LABOUR			\$ 2,030.00
ESTIMATE TOTAL			\$ 4,847.50

TOTAL LABOUR

ESTIMATE TOTAL

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.

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

JOB NO : 305287131
REGN NO : SH 9645M
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 13.12.2018
DATE/TIME IN : 14.04.2019 09:10
ACCIDENT DATE : 13.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 03-01-0302-2020-G	REAR WHEEL RIM LH	1	1,555.00	25.00	1,166.25
0002 28-01-0103-2013-A	REAR DOOR APPS LH	1	80.00	10.00	72.00
0003 04-01-0302-3809-G	REAR FENDER LH	1	836.70	25.00	627.52

SUB-TOTAL : 1,865.77

JOB NATURE

0000 PB	PANEL BEATING	600.00
0001 SP	SPRAYPAINT CHARGE	400.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00
0003 L	R/I UPHOLSTERY ETC	50.00

SUB-TOTAL : 1,070.00

TOTAL : 2,935.77



MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

NTUC

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305287131

OWNER

REGN NO:

SH 9645M

MILEAGE

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

MAKE:

TOYOTA

FUEL

E 1/2 F

MODEL

PRIUS HYBRID(G4)14.04.2019 09:10

DATE/TIME IN

YR OF MANU

13.12.2018

TARGET DATE

CHASSIS CODE

JTDKB3FU103077604

COMPLETION DATE/TIME

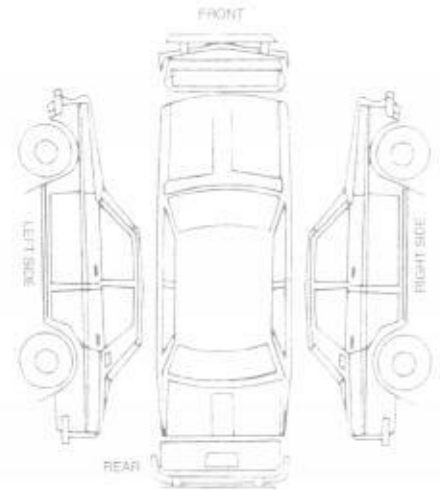
UNIT CARD NO

JOB DESCRIPTION

Accident Date: 13.04.2019

NATURE: 3P 13.04.19

S/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Edgecraft Slip

Exit Pass

SH 9645M

LIMITS

Vehicle No.:

SH 9645M

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305287131

Date : 17/04/19

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 9645M

Date of Accident : 13-Apr-19

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

1. The repair job shall bill to: NTUC --- SLB7461D

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,865.78

(b) Labour Charges \$1,070.00

Total for Part-By-Part Repair Cost \$2,935.78

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

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 : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 22/4/19

Fax : 65468156

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: 3P - SLB7461D REQUEST DIRECT SETTLEMENT (EMAIL IN CASE FILE)



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/INC19006721/K1sd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 02-05-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLB 7461D	Veh. Inspected	SH 9645M
Policy No.	5086332359-02	Coverage (\$)	0.00
Claim No.	MT/1040158-002	Excess (\$)	0.00
Assign From		Assign Date	15/04/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	JTDKB3FU103077604	Colour	BLUE
Odometer	41931	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	GOODYEAR	7 mm
L/H Front Tyre	195/65 R15	GOODYEAR	7 mm
R/H Rear Tyre	195/65 R15	GOODYEAR	7 mm
L/H Rear Tyre	195/65 R15	GOODYEAR	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	13/04/2019	Inspection Date	15/04/2019
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. SH 9645M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR FENDER,LH	BUCKLED	836.70	836.70
1	PANEL SUB-ASSY,REAR DOOR,LH	TO REPAIR SEE LABOUR	1,258.30	-
1	REAR TYRE RIM,LH	GRAZED	1,555.00	1,555.00
	LESS 25% DISCOUNT		-912.50	-597.92
			2,737.50	1,793.78
NETT ITEMS				
1	REAR DOOR COMFORT & APPS STICKER (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-8.00
			80.00	72.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF PANEL SUB-ASSY,REAR DOOR,LH.		800.00	600.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	TRANSFER OF DOOR.	NOT NECESSARY	120.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			2,030.00	1,070.00
GRAND TOTAL			4,847.50	2,935.78
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,935.78

Report Ref No. NS/INC19006721/K1sd3n2

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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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.