

Surveyor: Kalvin

REF: NS/NC/9006731/Ktd302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SGX 3447R

Policy No. 5077/841 76-02 (21/8/18-20/8/19)

Claims No. MT11040360-002

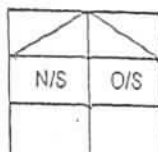
Sum Insured: _____ Excess: _____

(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 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: SHB 2381G Yr Regn: 22 Dec 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~r~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 cc 1680

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 3 67047 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CMHLB414444097810

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 Baraiti

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 13/4/19 D.O.I. 15/4/19

Survey held at CDHE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

o/s Rn

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

Date / Time Action / Instruction

SHB 2381G - CS3 / FCI / 8020731 / Hcd s2 DOA: 14/11/18 Inv

SGX 3447 R 45

18/4/19 Control P/P \$650 / 2 Pys. (Red: 920, 58%)

RECEIVED 18 APR 2019

RECEIVED 26 APR 2019

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

1) B14 Typist ☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

Survey Fee:	<u>160</u>
Transportation:	
\$ + RS \$	
Photos	
TOTAL	<u>160</u>

TP
650

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="13/04/2019 07:47"/>
Vehicle No.(For Motor)	<input type="text" value="SGX3447R"/>	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"/>	5077184176-02		LOY HWEE SEIU	S1167074A	GPC	drivo CLASSIC	SGX3447R	SGX3447R	21/08/2018	20/08/2019

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Thursday, 18 April 2019 12:56 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

All claims created

With Regards

Samsia
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: Thursday, 18 April 2019 9:33 AM
To: MTCL@income.com.sg
Cc: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 18/4/2019

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/1040078-002	COMFORT TRANSPORTATION	SHA 4005K	SLK 5910R	13/4/2019	10:55	1,694.48	1,050.00
1	MT/1040360-002	CITYCAB PTE LTD	SHB 2381G	SGX 3447R	13/4/2019	15:20	1,570.00	650.00

Best Regards,

Denise Tay | Case Handler

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3914458

JC NO.: 305287138

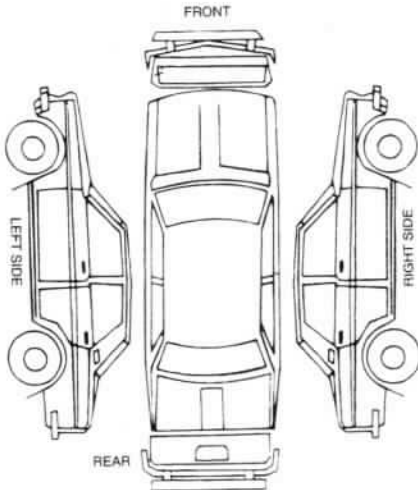
MEMBER NO. 7010070	REGN NO.: SHB2381G	MILEAGE
MEMBER NO. 383 SIN MING DRIVE	MAKE: HYUNDAI	FUEL E.....1/2.....F
SS Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 14.04.2019 09:35
(R) 65551188 (O)	YR OF MANUF 22.12.2016	TARGET DATE
(P)	CHASSIS CODE KMHLB41UMHU097810	COMPLETION DATE/TIME:
UNT CARD NO.		

Accident Date: 13.04.2019
NATURE: 3P 13.04.19/B

JOB DESCRIPTION

Peak Right

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHB2381G FZ NTUC LKK

Vehicle No.: SHB2381G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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 09:00
Date Of Accident	13/04/2019 15:20
Exact Location Of Accident	HOUGANG AVE 10 INFRONT HOUGANG MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2381G
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	HYUNDAI
Model	I40
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LIM CHEEP SIANG
NRIC No	S2558145H
Date Of Birth	26/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1974
Driving Experience	44 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84987044
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address,	BK 141 BISHAN STREET 12 #10-506
Postcode	570141
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

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	SGX3447R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOY HWEE SEIU
NRIC/Passport Number	S1167074A
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT REAR DOOR

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.
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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:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/4/19 at about 1520hrs while I Veh A was stationary waiting behind other waiting in front, Veh B collided onto the right rear portion of my vehicle.

DECLARATION

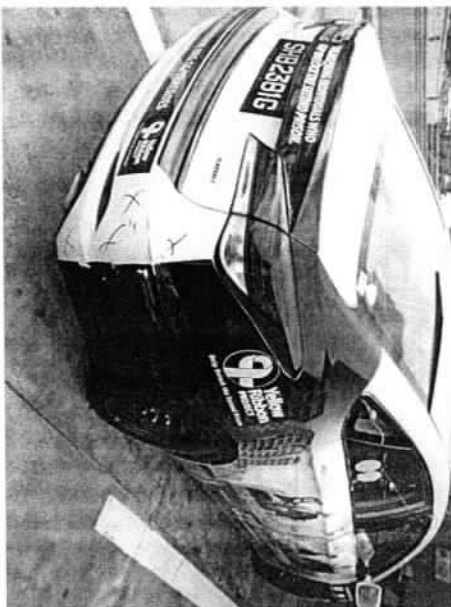
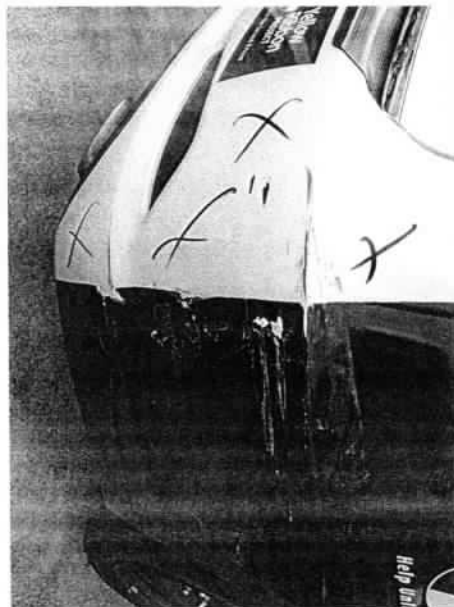
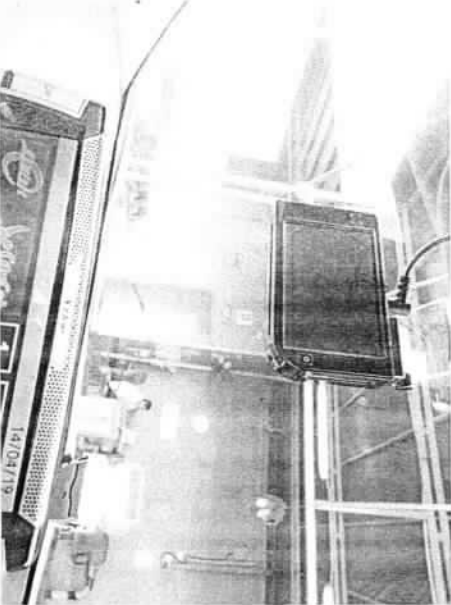
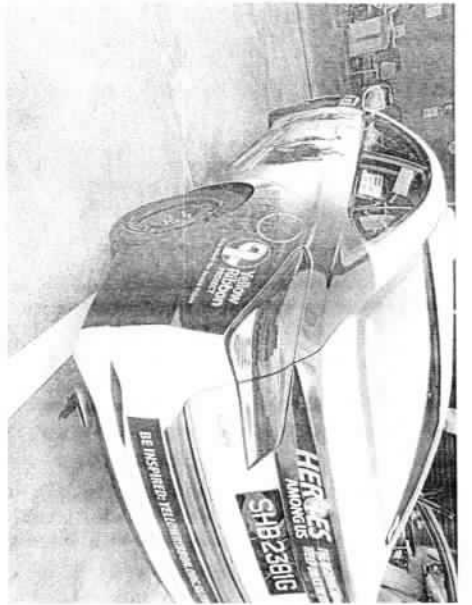
I/We declare the foregoing particulars are true in every respect.

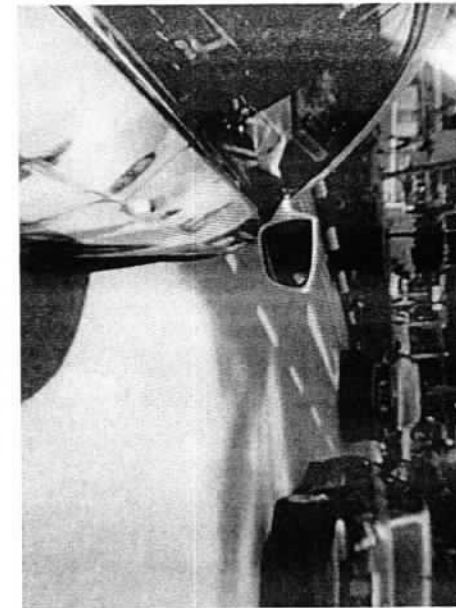
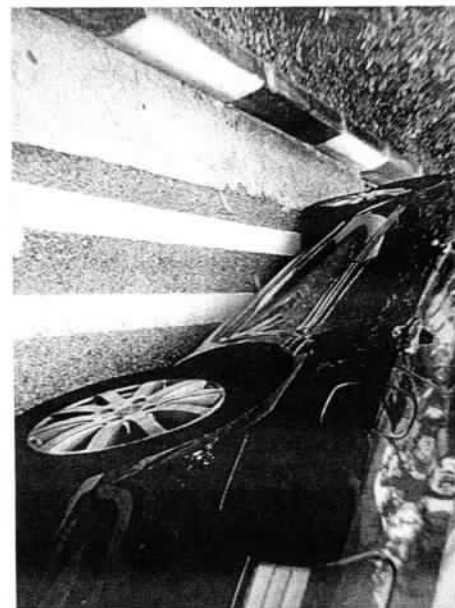
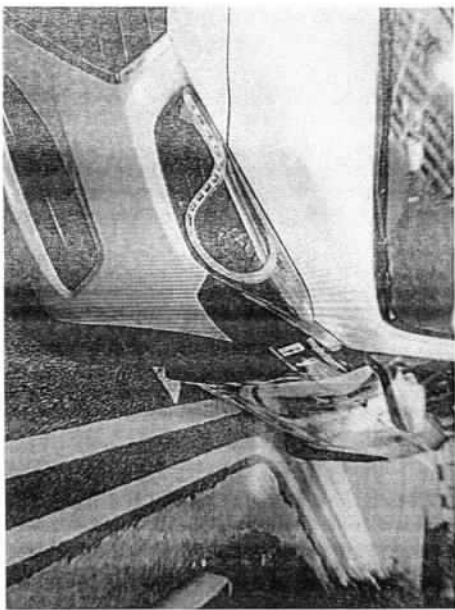
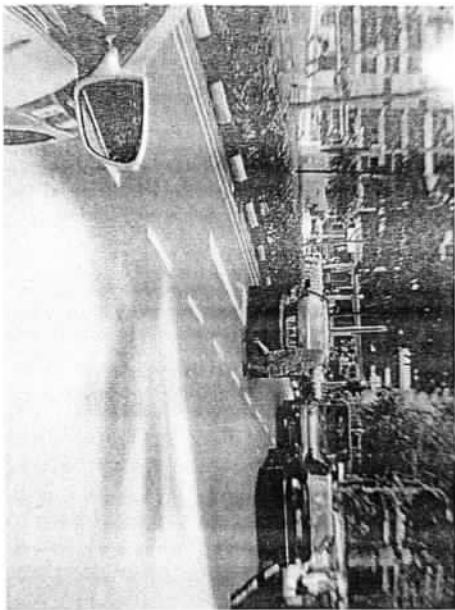
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

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





**COMFORTDELGRO
ENGINEERING**

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

Our Job Ref No : 305287138

Date : 17.04.2019

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB2381G

Date of Accident : 13.04.2019

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

1. The repair job shall bill to: NTUC --- SGX3447R

2. The finalized amount shall be:

(a) Spare Parts after List discount \$0.00

(b) Labour Charges \$650.00

Total for Part-By-Part Repair Cost \$650.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$0.00

Final Lumpsum Repair cost \$0.00

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Calvin

Date : 18/4/19

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 17.04.2019

Time: 17:29:57

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305287138
REGN NO : SHB2381G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 22.12.2016
DATE/TIME IN : 14.04.2019 09:35
ACCIDENT DATE : 13.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	PANEL BEATING	200.00	
0001 L	SPRAY PAINTING CHARGE	200.00	
0002 20-05	RENEW ADVERTISMENT REAR BUMPER		50.00
0003 20-05	RENEW ADVERTISMENT REAR FENDER RH		100.00
0004 20-05	RENEW ADVERTISMENT REAR FENDER LH		100.00
SUB-TOTAL :			650.00
TOTAL :			650.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 2381G

DATE 15/4/2019 11:16

MAKE :

MODEL : HYUNDAI i40

NTUC LKK (FZ)

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X 1 pc</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>X 10</i>			\$ 22.00	
	SUB TOTAL			\$ 575.00	
	LESS 20%			\$ 115.00	
	DISCOUNTED TOTAL			\$ 460.00	
	Rear Bumper Rubber Mat <i>X 1 pc</i>			\$ 50.00	Nett
	Rear Bumper Advertisement Logo <i>1 pc</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>1 pc</i>		\$ 100.00	\$ 200.00	Nett
				\$ 300.00	
	Labour Charge			200	
	Panel Beating			\$ 400.00	
	Spray Painting Charge			\$ 300.00	200
	Wiring Charge			\$ 30.00	X 1
	Remove/Refix Reverse Sensor			\$ 80.00	X 1
	TOTAL LABOUR			\$ 810.00	
	ESTIMATE TOTAL			\$ 1,570.00	
<p><i>Kaluh LKK</i></p> <p><i>15/4/19 1215h</i></p> <p><i>2 Pr,</i></p> <p><i>4s</i></p> <p><i>After Repair photo</i></p>					
<div> <div>LKK Auto Consultants hence notify the Repairer of the following:</div> <div> <ul style="list-style-type: none"> To restore the vehicle to its original condition To ensure the vehicle is safe to drive To ensure the vehicle is roadworthy To ensure the vehicle is compliant with the relevant regulations To ensure the vehicle is compliant with the relevant standards </div> <div> <div>Accepted by (Signature)</div> <div>Signature</div> <div>Date</div> </div> </div>					
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.					




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/INC19006731/K1td3e2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 30-04-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGX 3447R	Veh. Inspected	SHB 2381G
Policy No.	5077184176-02	Coverage (\$)	0.00
Claim No.	MT/1040360-002	Excess (\$)	0.00
Assign From		Assign Date	15/04/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU097810	Colour	YELLOW
Odometer	367047	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	DAVANTI	6 mm
L/H Front Tyre	205/60 R16	DAVANTI	6 mm
R/H Rear Tyre	205/60 R16	DAVANTI	6 mm
L/H Rear Tyre	205/60 R16	DAVANTI	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/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:		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. SHB 2381G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-115.00	-
			460.00	-
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	250.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			810.00	400.00
GRAND TOTAL			1,570.00	650.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				650.00

Report Ref No. NS/INC19006731/K1td3e2

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.