

Surveyor: Kalvin

REF: NS/INC 19006890/K1vd302

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/NS/TP RES/OD RES/EVA/INV/MV
 To Insp'd Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: FBK 4548D
 Policy No. 5093442235-01 (03/09/2018-02/09/2019)
 Claims No. MT 11040291-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

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: SH 8129T Yr Regn: 28 Apr 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Prime Mover /
 Truck / Trailer or
 Make: Hyundai c.c. 1685
 Colour: Blue A/C: Ins d / Std / NI / NA
 Sp. Reading: 386801 T/Radio: Ins d / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB414M540 87839
 Gen. Cond: Good / ☒ Fair / Poor / Burnt
 Steering: In order / ☒ Jammed / Leaked / Burnt or
 Brake: In order / ☒ Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD ☒ Alloy or
 Tyre Size: F: 205/60R16
 - R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Carson
 Front _____ Rear _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 9/4/19 D.O.I. 16/4/19
 Survey held at CDGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
18/4/19	<u>Let's \$900/ 2019. (Real 642-40, 429) INC.</u>
	<u>SH 8129T - NA / INC 19006702/24 D.O.A - 09/04/2019 Ys</u>
	<u>FBK 4548D - NA / INC 19006702/24 D.O.A - 09/04/2019</u>

RECEIVED 10 MAY 2019

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

Days Of Repair: 2
 Resurvey No. of Trip: 1

1) BS - typist
 2) TP
L/S \$900/2

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Insp (\$ _____)
☐ : Transport (\$ _____)

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

eBaoTech

GeneralClaim

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="09/04/2019 09:41"/>
Vehicle No.(For Motor)	<input type="text" value="FBK4548D"/>	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 checked="" type="radio"/>	5093442235-01		UNITED TRANSWARE PTE LTD	200308810H	GMC	Third Party, Fire & Theft	FBK4548D	FBK4548D	03/09/2018	02/09/2019

Veron Chen (LKKAUTO)

From: MTCL@income.com.sg
Sent: Monday, 13 May 2019 4:03 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

For item number one, vehicle is not insured with us.

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: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Monday, 13 May 2019 10:46 AM
To: MTCL@income.com.sg
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	NOT OI	COMFORT TRANSPORTATION PTE LTD	SHD 6909Z	SMK 5784B
2	MT/1040291-002	COMFORT TRANSPORTATION PTE LTD	SH 8129T	FBK 4548D

D.O.A	Time of Accident	Estimate	Tentative repair cost
21/4/2019	0:30	\$4,027.84	\$2,650.00
9/4/2019	19:10	\$1,542.40	\$900.00

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)

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 07:48
Date Of Accident	09/04/2019 19:10
Exact Location Of Accident	CTE TWDS TUAS BEFOR EBALESTIER RD EXIT LP 415S1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8129T
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	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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	TAY BOON SENG
NRIC No	S2534321B
Date Of Birth	20/06/1949
Occupation	OUTDOOR
Date Of Driving Pass	08/03/1976
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96201226
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	357 #08-827 HOUGANG AVENUE 7
Postcode	530357
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ROCHOR NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	FBK4548D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LIM
NRIC/Passport Number	S0770978A
Contact Number	96201226
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	OVERALL BODYWORK
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM
Approximate Age	
Injuries Sustain	SOME ABRASIONS
Injured person in which vehicle?	FBK4548D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	PILLION
Approximate Age	
Injuries Sustain	ADDOMINAL PAIN AND ABRASIONS
Injured person in which vehicle?	FBK4548D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

A: 3H812AT

B: FBK45480

C7E two's

Tugs

before

Baseline

Ad Exm

5 4 3 2 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report
7/20190409/2203

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303621R

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.: _____

GLARMC SketchPlanForm_V3

2



**SINGAPORE
POLICE FORCE**



T/20190409/2203

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20190409/2203

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2019 22:10	Vide Report No.: A/20190409/0103	Station Diary No.: 204
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Informant's Particulars

Name of Informant: TAY BOON SENG			Address: APT BLK 357 HOUGANG AVENUE 7 #08-827 SINGAPORE 530357	
ID Type / ID No.: NRIC NO / S2534321B			Contact No.: Home/Office: Mobile: 96201226	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 69	Date of Birth: 20/06/1949	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/04/2019 19:10	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY NEAR LAMP POST 415S1				
Weather: Clear	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4548D	Motorcycle				Slightly Damaged	1
SH8129T	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190409/2203

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20190409/2203

CONTINUATION OF REPORT

Driver			
Name	TAY BOON SENG		ID No. S2534321B
Related Vehicle	NIL		Contact No. 96201226
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	LIM		ID No. S0770978A
Related Vehicle	NIL		Contact No. 92399389
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 09/04/19 at about 1910hrs, I was driving along CTE, waiting to exit via the Balestier slip road when a motorcycle hit the back of my vehicle. My vehicle was stationary then. An ambulance that happened to be nearby assisted the motorcyclist and pillion as they were injured. Both the motorcyclist and pillion were conveyed to Tan Tock Seng Hospital in a conscious state as the rider suffered some abrasions while the pillion suffered from abdominal pain and abrasions.

My vehicle suffered a dent from this incident.

I am lodging this report as advised by the police who attended to the incident.



**SINGAPORE
POLICE FORCE**



T/20190409/2203

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20190409/2203

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

Sgt 2 POH YING XUAN

Signature Of Informant:

[Handwritten Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

09/04/2019 22:10

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

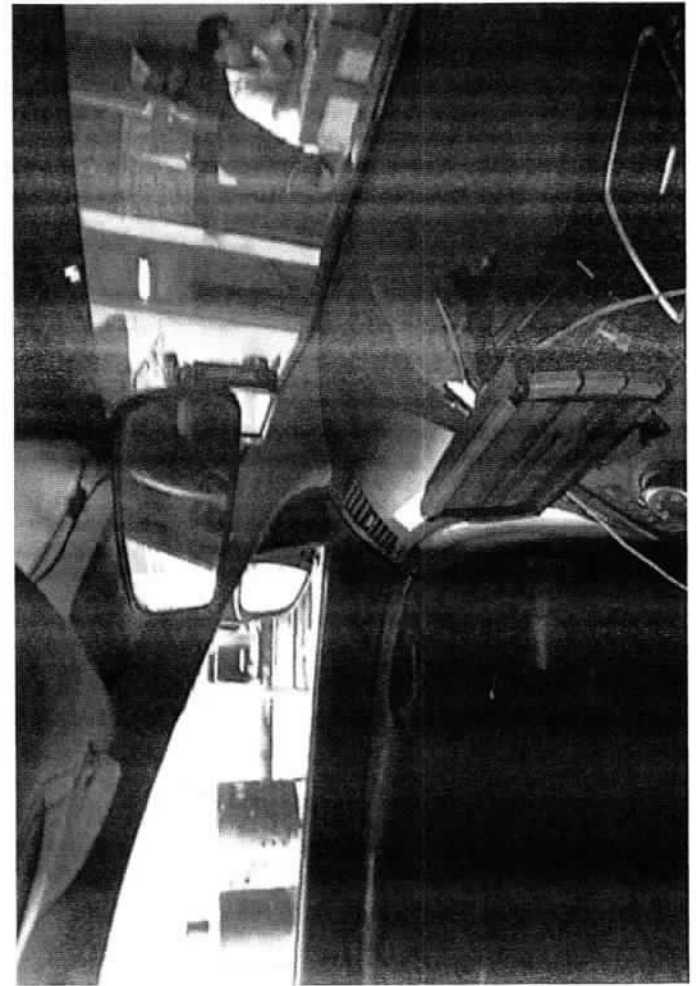
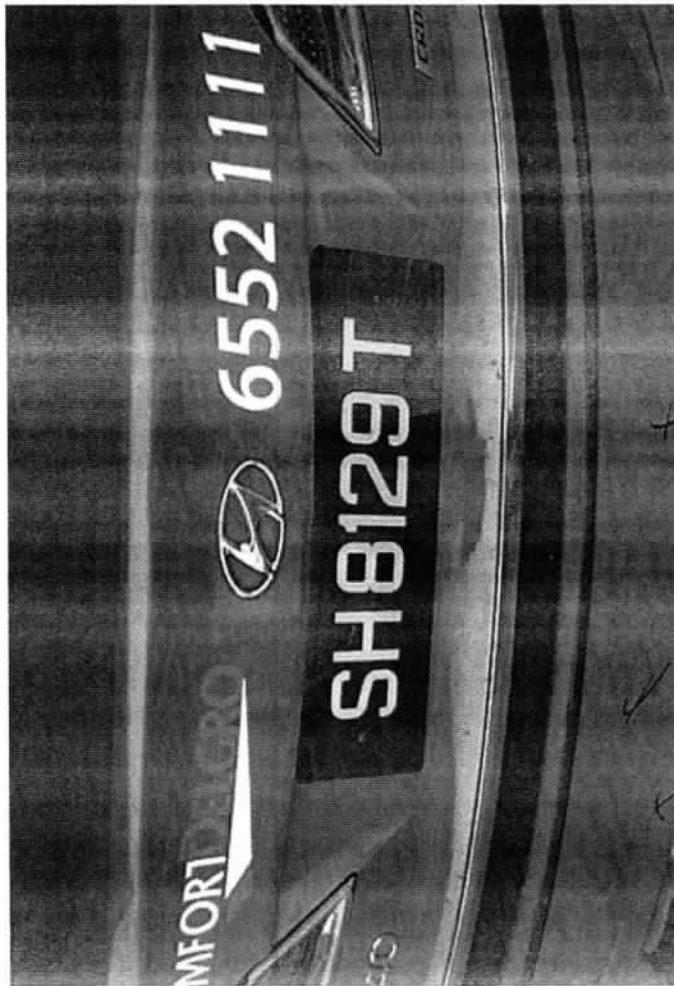
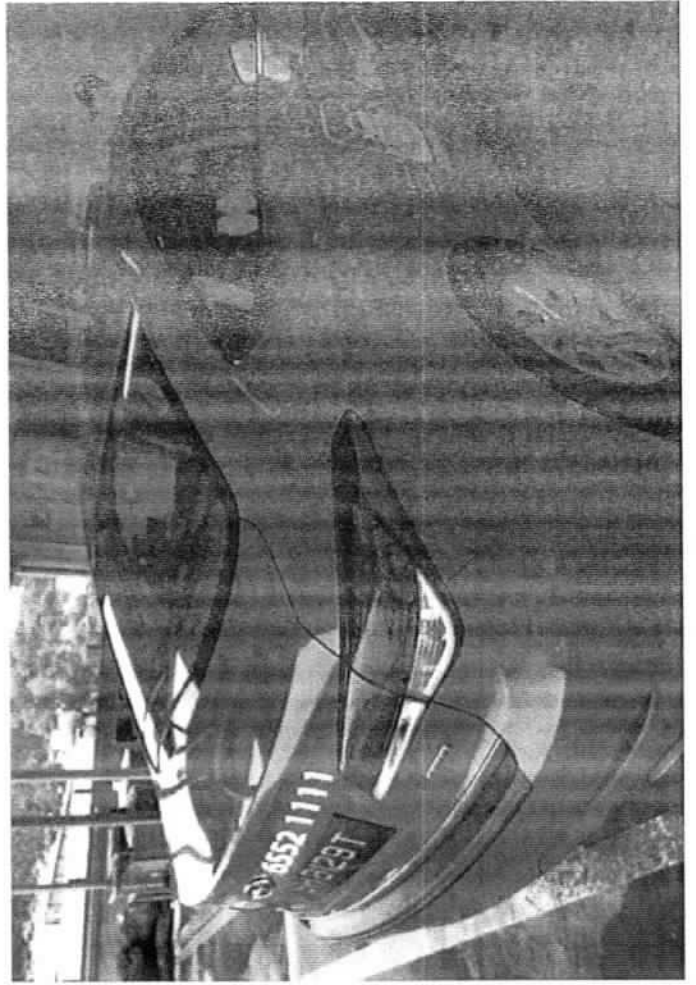
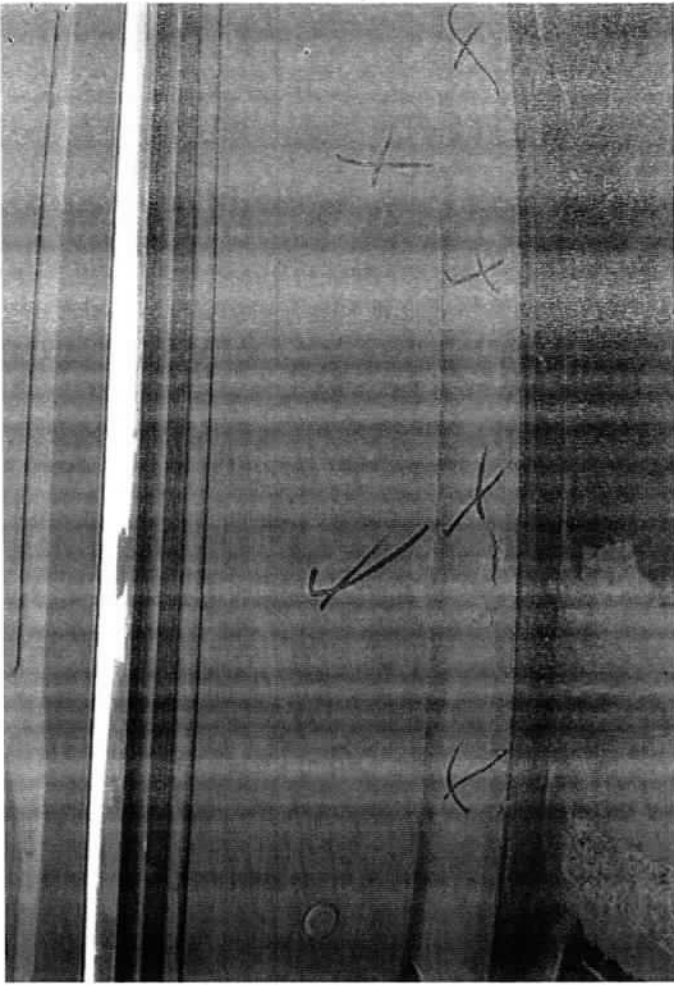
Classification Of Case:

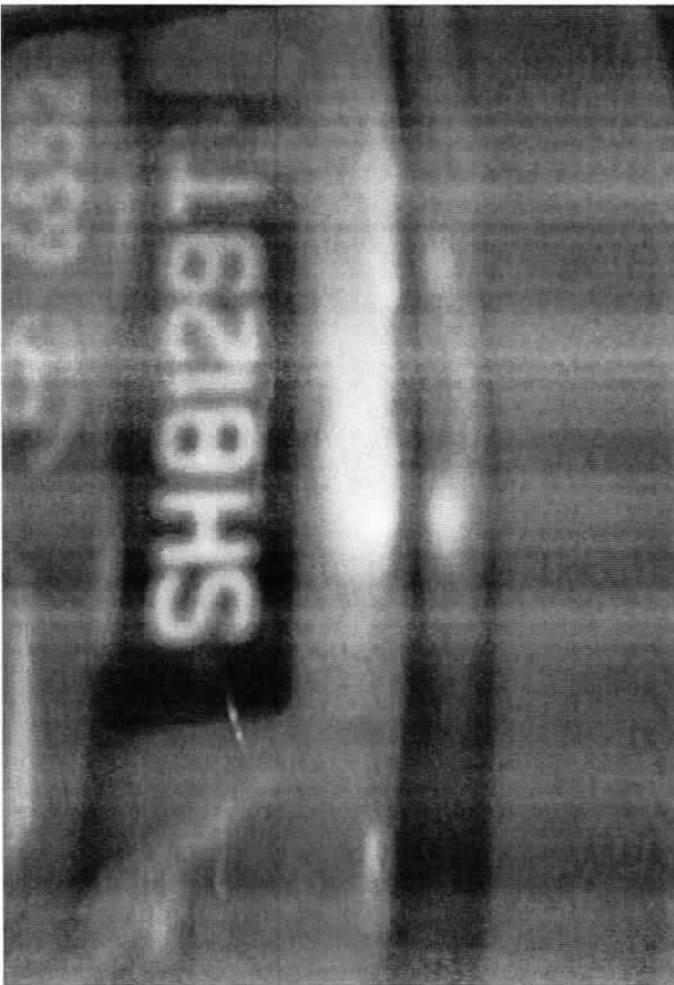
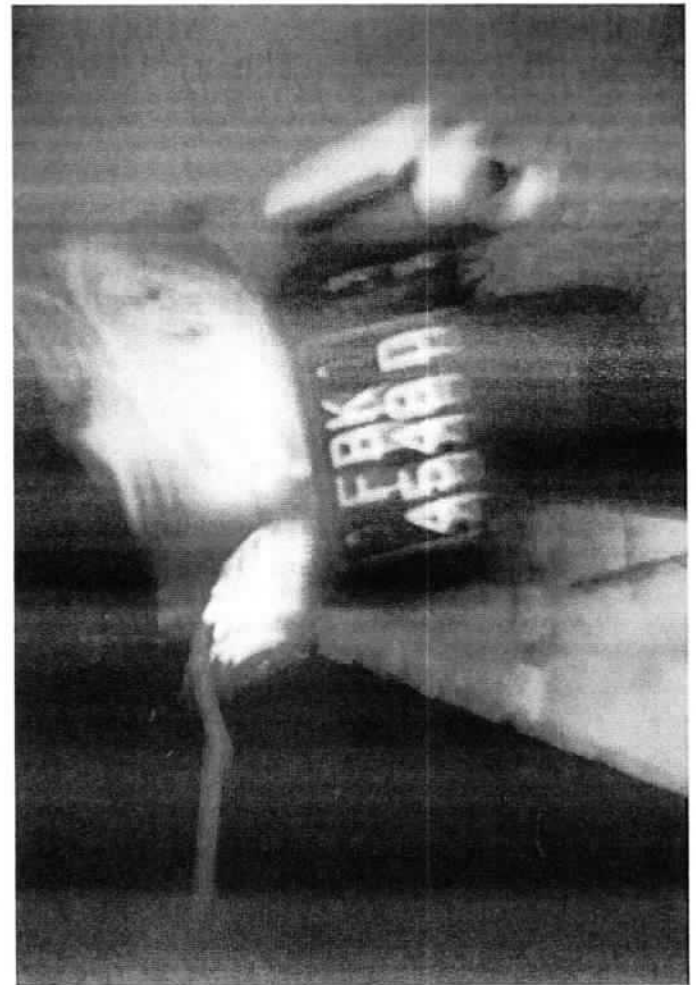
Authentication Stamp

NP168



Singapore Police Force





Workshops

59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768733
320 Ubi Road 3 Singapore 408648

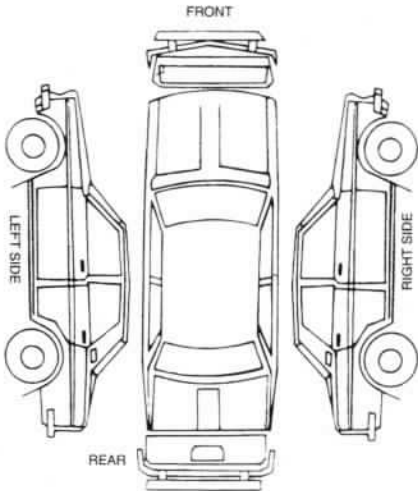
Date/Time: 16.04.2019 11:10 Page : 1

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order: 3914973	JC NO.: 305287710
STOMER	REGN NO.: SH 8129T	MILEAGE	
MS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL	
STOMER NO. 7010045	MODEL I-40	E.....1/2.....F	
DRESS 383 SIN MING DRIVE	YR OF MANU. 28.04.2016	DATE/TIME IN 16.04.2019 09:15	
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMGU087839	TARGET DATE	
(R) 65508755 (O)	COMPLETION DATE/TIME:		
(P)	COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 09.04.2019
NATURE: 3P 09.04.19/B-

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Wedge Slip	Exit Pass
No.: SH 8129T FZ NTUC LKK	Vehicle No.: SH 8129T
Signature/Date	Name of Service Advisor Date
returned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

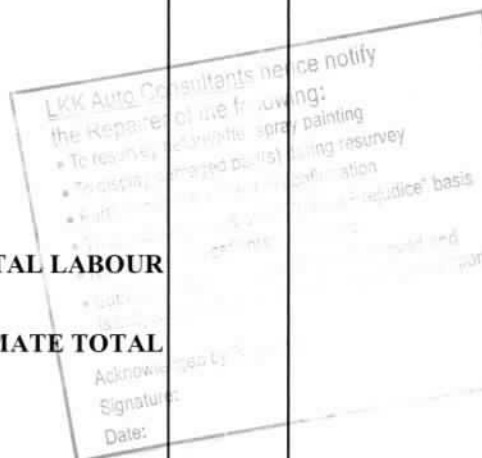
VEHICLE NO : SH 8129T

DATE 4/16/2019 14:05

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Rehnd</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>see</i>			\$ 22.00
	Rear Bumper Under Cover <i>ct</i>			\$ 228.00
	SUB TOTAL			\$ 803.00
	LESS 20%			\$ 160.60
	DISCOUNTED TOTAL			\$ 642.40
	Rear Bumper Rubber Mat <i>see</i>			\$ 50.00
				\$ 50.00
	Labour Charge			
	Panel Beating			\$ 400.00 ²⁰⁰
	Spray Painting Charge			\$ 300.00 ²⁰⁰
	Wiring Charge			\$ 30.00 ^{X 3}
	Remove/Refix Reverse Sensor			\$ 120.00 ³
	TOTAL LABOUR			\$ 850.00
	ESTIMATE TOTAL			\$ 1,542.40
<p><i>16/4/19 1530h</i></p> <p><i>2 Days</i></p> <p><i>45 After Repair photo</i></p> <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.</p>				



Our Job Ref No : 305287710
Date : 17.04.2019

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SH 8129T Date of Accident : 09.04.2019


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

1. The repair job shall bill to: NTUC -- FBK4548D
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges \$0.00
 - Total for Part-By-Part Repair Cost \$0.00
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$900.00
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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
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:



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/INC19006890/K1vd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 23-05-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBK 4548D	Veh. Inspected	SH 8129T
Policy No.	5093442235-01	Coverage (\$)	0.00
Claim No.	MT/1040291-002	Excess (\$)	0.00
Assign From		Assign Date	16/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087839	Colour	BLUE
Odometer	386801	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	09/04/2019	Inspection Date	16/04/2019
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
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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 8129T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-160.60	-160.60
			642.40	642.40
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<u>LABOUR</u>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
			850.00	430.00
GRAND TOTAL			1,542.40	1,122.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC19006890/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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