

Surveyor: Kelvin

REF: NS/INC19007525/K1d352

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop No: _____

of _____

Insured: **FBM 6792R**

Policy No. **5107406490 (8/2/19 - 7/2/19)**

Claims No. **MT/1042020-000**

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 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: **SHC3720A** Yr Reg: **18 Apr 2019**

Type: M.Car / M.Cycle / Bus / Van / Lorry / T-0 / Prime Mover /

Truck / Trailer or

Make: **Hyundai Tonig** cc: **1580**

Colour: **Blue** AJC: Insured / Std / NI / NA

Sp. Reading: **2475** T/Radio: Insured / Std / NI / NA

Eng No: _____

C/N: **KMH C85 / CV K4141853**

Gen. Cond: **Good** / Poor / Burnt

Steering: **Good** / Jammed / Leaked / Burnt or

Brake: **Good** / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / **SD** A/Rim or

Tyre Size: F: **195 / 65 R15**

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / **MA** / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. **8** mm R/Bal. **8** mm

L/Bal. **8** mm L/Bal. **8** mm

D.O.A. **26/4/19** D.O.A. **29/4/19**

Survey held at **CPAE (Logan)**

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

r/s Rear

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

Date / Time	Action / Instruction
	SHC3720A - CS/FCL/8202878 / Krd 302 DOA: 10/2/18 Inc
8/5/19	FBM 6792R - x LHM 1 R/P \$ 996.32 / 24h. (Red: 239.68 : 19%) ^{RIP}

[Signature]
8/5/2019

RECEIVED 09 MAY 2019

Date/Time, File Pass to:

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to:

Survey Fee: _____

Transportation: _____

2)

Add Fee: ☐ : Site Insp \$ _____

____ \$ + PS ____ \$

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Wednesday, 8 May 2019 4:13 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim 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: Wednesday, 8 May 2019 9:52 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 8/5/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1041686-002	COMFORT TRANSPORTATION	SHB 6685D	ES 5211R	24/4/2019	23:10	10,371.03	5,750.00
1	MT/1042020-002	COMFORT TRANSPORTATION	SHC3720A	FBM 6792R	26/04/2019	22:00	1236.00	996.32

Best Regards,

Denise Tay | Case Handler
LKK Auto Consultants Pte Ltd

[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="26/04/2019 18:00"/>							
Vehicle No.(For Motor)	<input type="text" value="FBM6792R"/>	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 checked="" type="radio"/>	5107406490		VIKNESHVARAN S/O CHANDRA	S9144159D	GMC	Third Party, Fire & Theft	FBM6792R	FBM6792R	08/02/2019	07/02/2020
					<input type="button" value="Continue"/>					

COMFORTDELGRO

Date/Time: 29.04.2019 14:47 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JO NO: 305291218

OMER
S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

REGN NO:	SHC3720A	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	IONIQ(G2)	DATE/TIME IN 29.04.2019 11:00
YR OF MANU	18.04.2019	TARGET DATE
CHASSIS CODE	KMHC851CVKU141853	COMPLETION DATE/TIME:

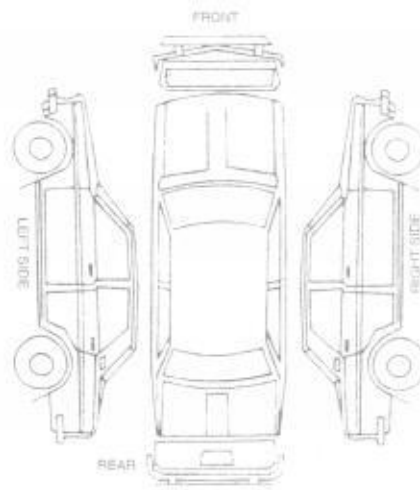
JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 26.04.2019

NATURE: 3P 26.04.2019

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC3720A

LKE

Vehicle No.:

SHC3720A

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	29/04/2019 11:33
Date Of Accident	26/04/2019 22:00
Exact Location Of Accident	CTE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3720A
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	IONIQ HYBRID

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	NG HONG WEE
NRIC No	S0111621E
Date Of Birth	17/01/1945
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1968
Driving Experience	51 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93683002
Fax Number	
Contact Number	
Email Address	NGHW45@YAHOO.COM

Address	44 #16-165 SIMS DRIVE
Postcode	380044
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?	
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: : FEMALE

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

SEE ATTACH.

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

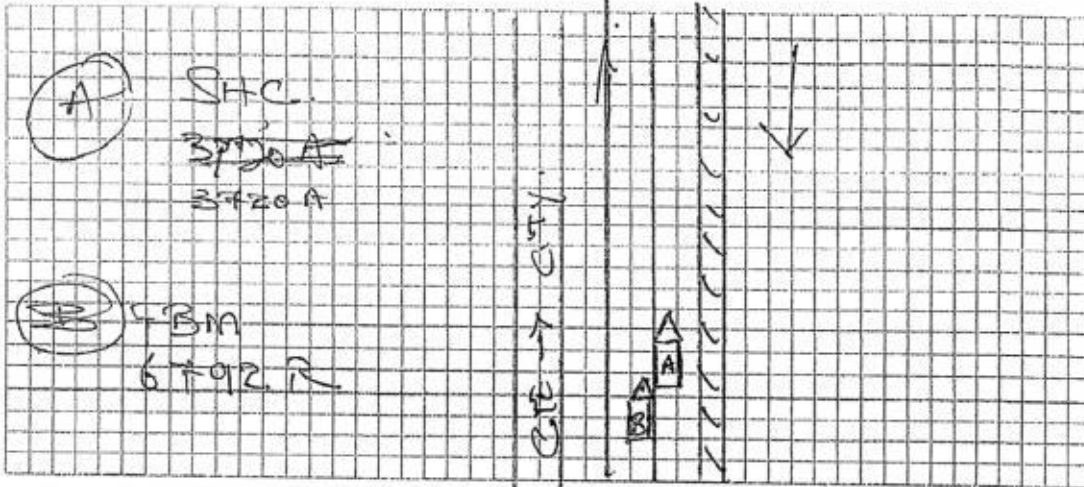
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM6792R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	VIKNESHYARAN
NRIC/Passport Number	S9144159
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26 April 2019 @ 2200 hr I VEH A
 was driving slower on the above
 location. VEH B instant slow down
 I VEH A also slow down suddenly
 VEH B from the rear out of control
 and side swipe and hit VEH A
 left rear and run away VEH A
 manage to stop him after 3km.
 and have a word with VEH B he
 admit he hit VEH A left rear.
 at the point of accident VEH A carry a passenger

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 198303321R

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)

Reporting Centre Personnel's Signature
 Name:

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:

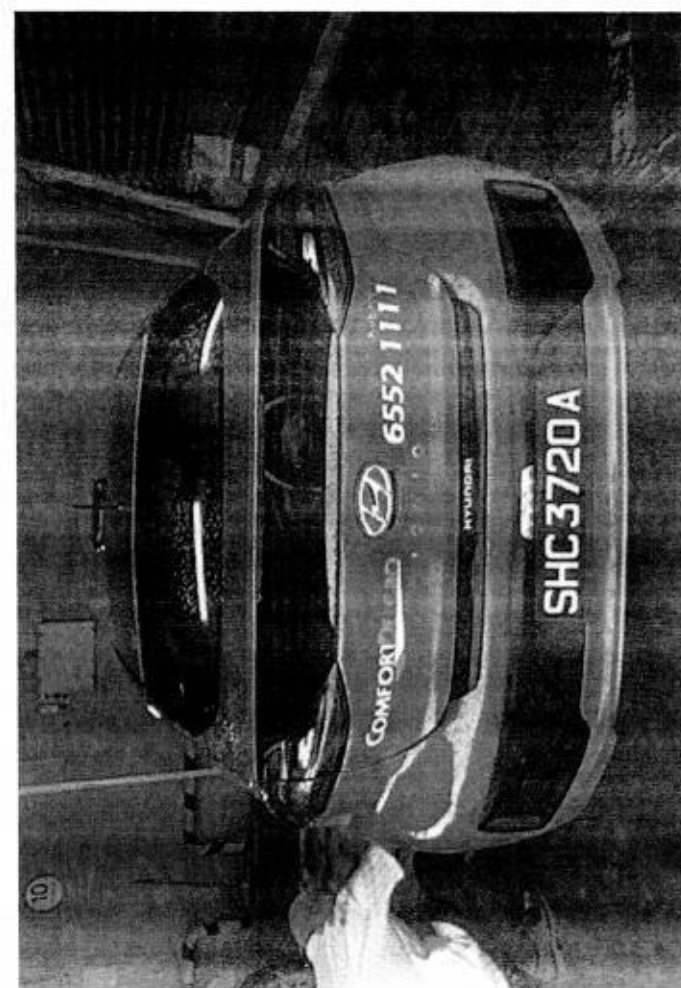
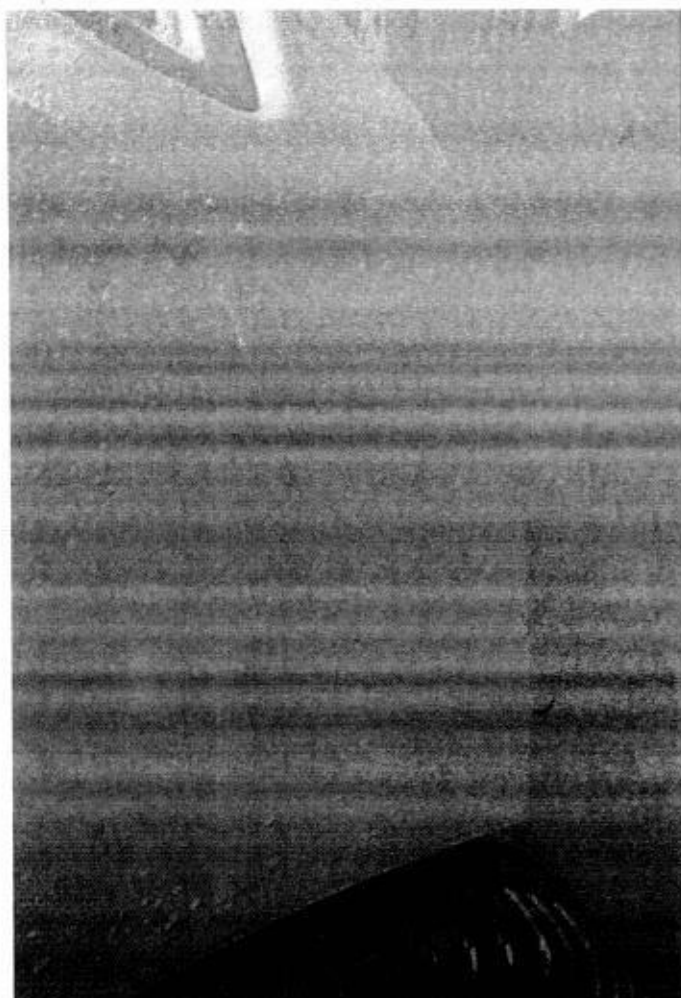
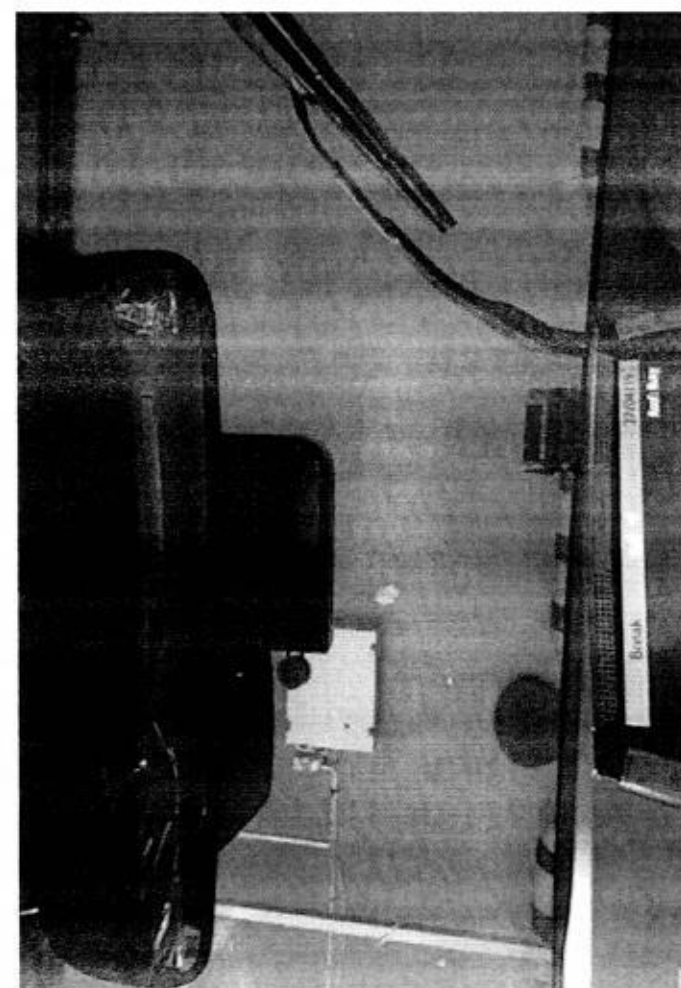
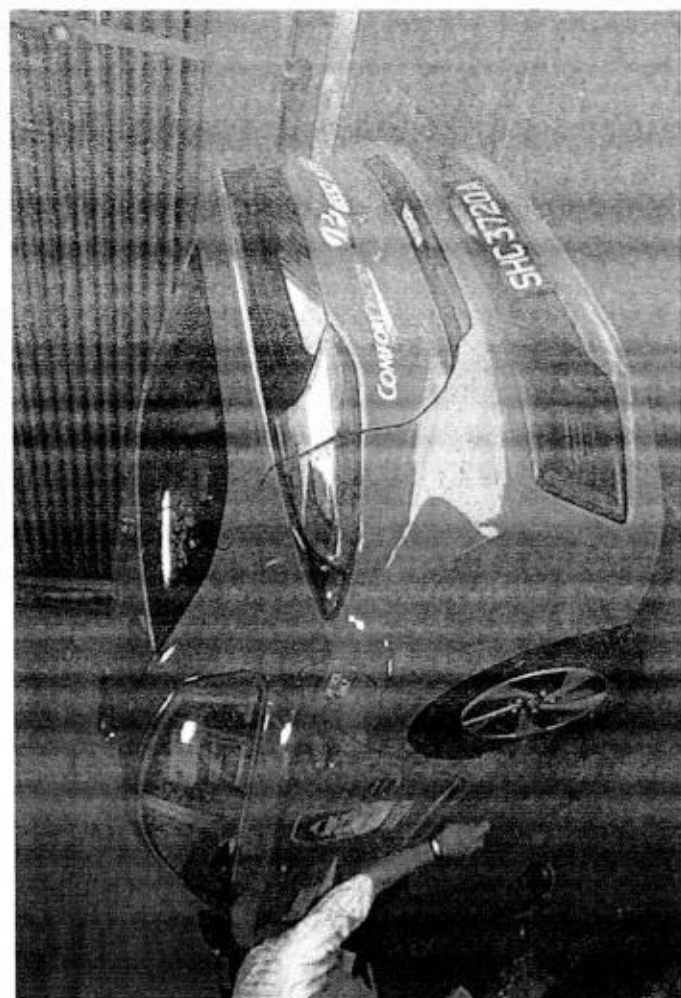
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

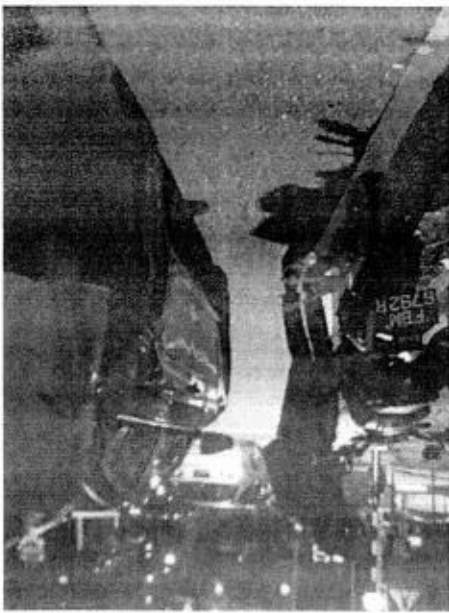
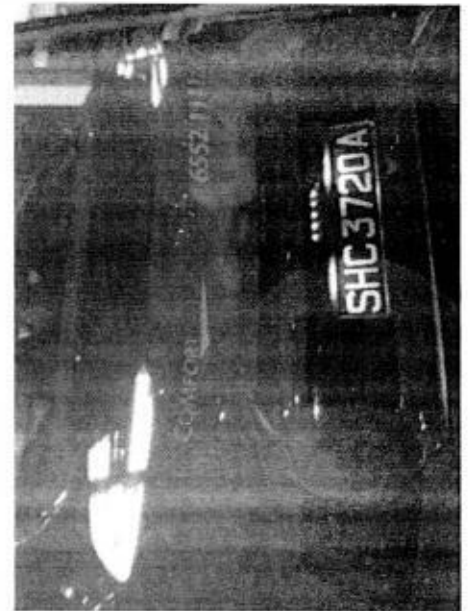
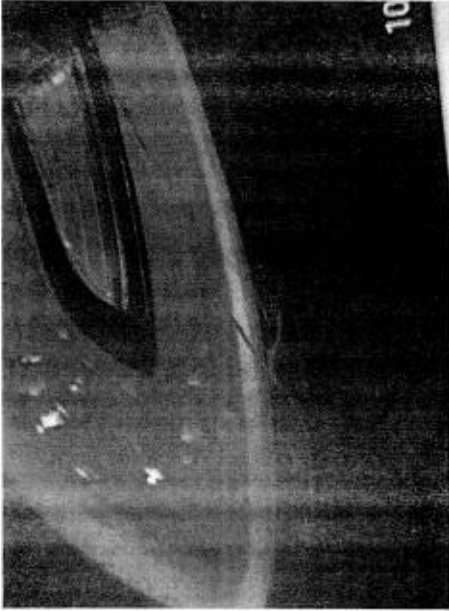
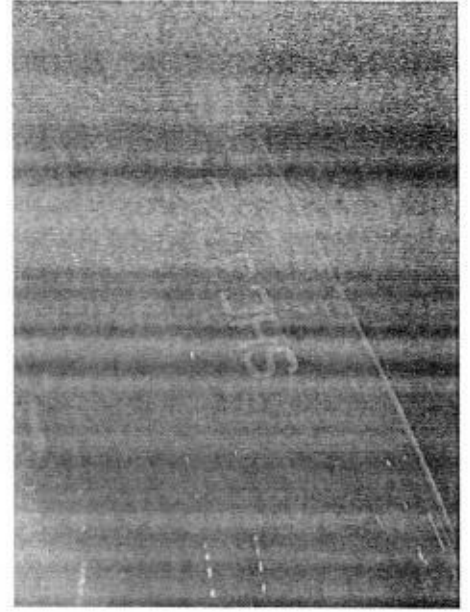
JMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:





COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHC 3720R

DATE 29/4/2019 14:10

MAKE :

MODEL : HYUNDAI IONIQ

CKK/Kahne . phyf
 Lee Nee

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Rubber Mat X 1			\$ 50.00	Nett
	Rear Bumper X repair				
	Tail Lamp Assy (LH) - 1		-20%	870.00	
	Labour Charge			100	
	Panel Beating			\$ 200.00	
	Spray Painting Charge-Bumper			\$ 300.00	
				200	
	TOTAL LABOUR			\$ 500.00	
	ESTIMATE TOTAL			\$ 550.00	
				1246.32	
<p>Kahne 11/11/19</p> <p>29/4/19 1535h</p> <p>2 Pys</p> <p>PIP</p> <p>After Repair photo</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 part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</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 305291218
Date 07.05.19

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 6156

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC3720A CTPL

Fax :


26.04.19


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

1. The repair job shall bill to: NTUC FBM6792R
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$696.32
 - (b) Labour Charges \$300.00
 - Total for Part-By-Part Repair Cost \$996.32
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kahr
Date : 8/5/19

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		NO		
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: 02.05.2019
Time: 14:12:24
Page: 1

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

JOB NO : 305291218
REGN NO : SHC3720A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 18.04.2019
DATE/TIME IN : 29.04.2019 11:00
ACCIDENT DATE : 26.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2395-G IONIQ LAMP ASSY-REAR COMB 1 L 870.40 20.00 696.32

SUB-TOTAL : 696.32

JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 300.00

TOTAL : 996.32

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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/INC19007525/K1td3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 15-05-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBM 6792R	Veh. Inspected	SHC 3720A
Policy No.	5107406490	Coverage (\$)	0.00
Claim No.	MT/1042020-002	Excess (\$)	0.00
Assign From		Assign Date	29/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU141853	Colour	BLUE
Odometer	2475	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	MICHELIN	8 mm
L/H Front Tyre	195/65R15	MICHELIN	8 mm
R/H Rear Tyre	195/65R15	MICHELIN	8 mm
L/H Rear Tyre	195/65R15	MICHELIN	8 mm

4. Description of Damages

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

5. General Information

Accident Date	26/04/2019	Inspection Date	29/04/2019
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 3720A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR CRACKED	-	-
1	TAILLAMP ASSY (LH)		870.40	870.40
	LESS 20% DISCOUNT		-174.08	-174.08
			696.32	696.32
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		200.00	100.00
	SPRAY PAINTING CHARGE - BUMPER.		300.00	200.00
			500.00	300.00
GRAND TOTAL			1,246.32	996.32
RECOMMENDED COST OF REPAIRS (CONFIRMED)				996.32

Report Ref No. NS/INC19007525/K1td3s2

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.