

Taufik

REF:

NS/INCL 1900 9835/71+d352

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP / RS / OD / RS / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured: _____
 Policy No: **GBF 2690**
 Claim No: **5102911307**
 Sum Insured: **MT/1047719-002**
 (Claim's Record)
 Make of Veh: _____

HS	OS

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

Est. of Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 GIA / PR: _____ Consistent? Yes or No
 Est. Repair: _____ days Res: Yes or No
 Lump Sum: _____ % Val: Yes or No
 CA / REV / REP. / 24HRS
 Date: _____ Person Contacted: _____

Veh No: **SHC8830H** at Shop: **2016 March**
 Type: M/Car / M/Cycle / Bus / Van / Ferry / Boat / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai I40** CC: **1685**
 Colour: **Blue** AB: Insured / Std / HI / HA
 Sp Reading: **486786** 18/2000: Insured / Std / HI / HA
 Eng No: _____
 C/E: **KM HLB414M6H086754**
 Gen Cond: Good / Fair / Poor / Burnt
 Steering: **Good** / Jammed / Leaked / Burnt or
 Brake: **Good** / Jammed / Leaked / Burnt or
 Mod: Nil / SR3m / STD Airin or
 Tyre Size: F: **205/60R16**
 R: _____
 BS / DUN / EXHOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Hankook**
 Front: _____ Rear: _____
 R/Bal: **6** mm R/Bal: **6** mm
 L/Bal: **6** mm L/Bal: **6** mm
 D.O.A: _____ D.O.I: **3/6/19 @ 320pm**
 Survey held at **Comfort Lodge**
 Des. of Damages: Fnt / Rear / OS / HS / UR / Redtop or
Fnt N/S
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time: _____ Action / Instruction: _____
SHC 8830H CS/FC19005314/EQA302 **DOI: 23/2/17**
GBF 2690
1/58/1900, 3 days **encl to Com. (Red: 1273.36; 40%)**

RECEIVED 08 JUL 2019

Date/Time, File Pass to? ☐ Prel. Report
☒ Final Report
 Date/Time, File Return to?
 21

Days Of Repair: **3**
 Resurvey No. of Trip: **1**

Report Format: **TP**
 Lump Sum / L.B.I: (\$) **1900**

Add Fee: ☐ Site Insp (\$) ☐ Interview (\$) ☐ Tech. Invs (\$) ☐ Weekend (\$)

Survey Fee: _____
 Transportation: _____
) S + RS: \$ _____
) Photo: _____
) Other: _____
) _____
 TOTAL: _____

Denise Tay (LKKAuto)

From: MTCL@income.com.sg
Sent: Friday, 5 July 2019 3:13 PM
To: Denise Tay (LKKAuto)
Subject: RE: REQUEST CLAIM NUMBER

Hi,

Claim has been 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: Thursday, 4 July 2019 4:15 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 3/7/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1047719-002	CITYCAB PTE LTD	SHC 8830H	GBF 2690P	31/5/2019	18:30	3,173.36	1900

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5102911307		WESMECH ENGINEERING PTE LTD	200102890E	GCV	Comprehensive	GBF2690P	GBF2690P	30/08/2018	29/08/2019

Date/Time: 01.06.2019 11:35 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305300068

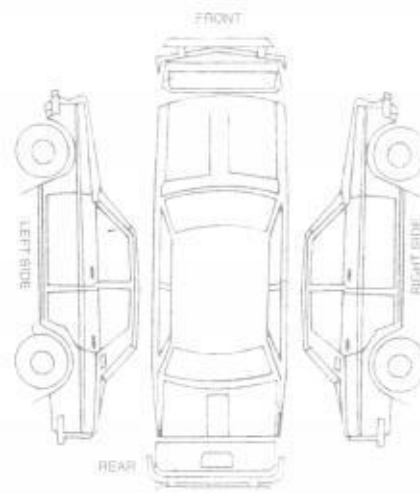
TOMER #S TOMER NO. RESS (R) (P)	COMFORT TRANSPORTATION PTE LTD		REGN NO.: SHC8830H	MILEAGE
	7010045		MAKE: HYUNDAI	FUEL
	383 SIN MING DRIVE		MODEL I-40	E.....1/2.....F
	Singapore SINGAPORE 575717		YR OF MANU. 24.03.2016	DATE/TIME IN 01.06.2019 09:15
	65508755		CHASSIS CODE RMHLB41UMGU086754	TARGET DATE
COUNT CARD NO.		COMPLETION DATE/TIME:		

Accident Date: 31.05.2019
NATURE: 3P 31.05.2019

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION

NTUC



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No. SHC8830H

LKE

Vehicle No.: SHC8830H

of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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	01/06/2019 09:59
Date Of Accident	31/05/2019 18:30
Exact Location Of Accident	WOODLANDS AVE 3 TWDS CAUSEWAY POINT BKE FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8830H
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	ONG SEAH THONG
NRIC No	S1366512E
Date Of Birth	09/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	01/04/1977
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94658253
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	35 05-331 LORONG 5 TOA PAYOH
Postcode	310035
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?	YES
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

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

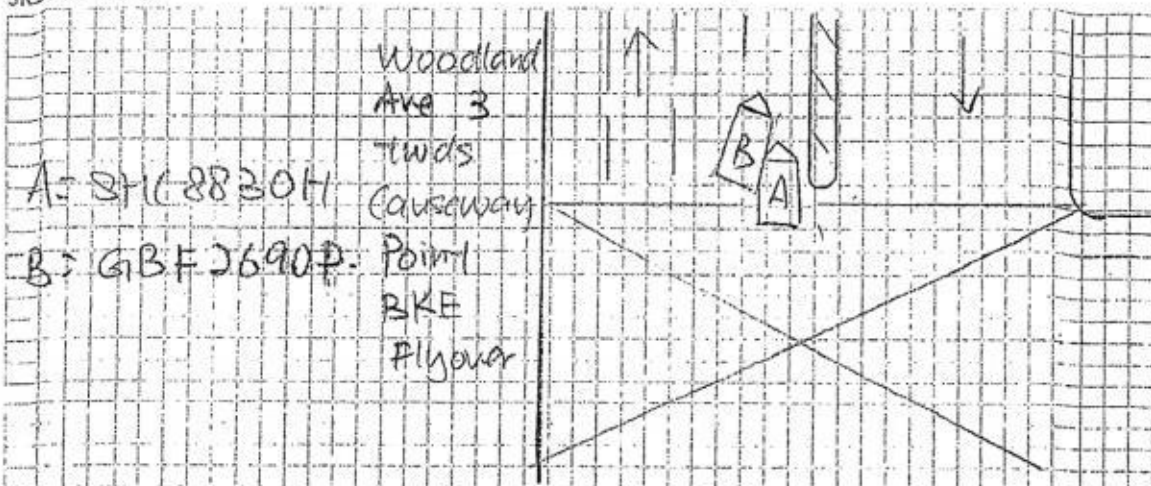
Vehicle Registration Number	GBF2690P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIA CHENG HUI
NRIC/Passport Number	S1054087I
Contact Number	84337157
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT CENTRE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ONG SEAH THONG
Approximate Age	60
Injuries Sustain	NECK
Injured person in which vehicle?	SHC8830H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/5/19 at about 18:30 hrs, I was driving at above said location with a male pax onboard.

Suddenly Veh B cut into my lane from right second lane, Due to this course, Veh B rt right portion hit & grazed onto the front left portion of my taxi. I suffered neck pain, will consult doctor later on.

DECLARATION

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

UMFORT TRANSPORTATION PTE LTD

Policyholder's Signature 199303821R

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Loke Wei Yeng

Reporting Centre Personnel's Signature

Name:

Signature:

11/11/19

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.

OMFORT TRANSPORTATION PTE LTD
CO REG ID 199303821R



Policyholder's Signature
Date & Time:

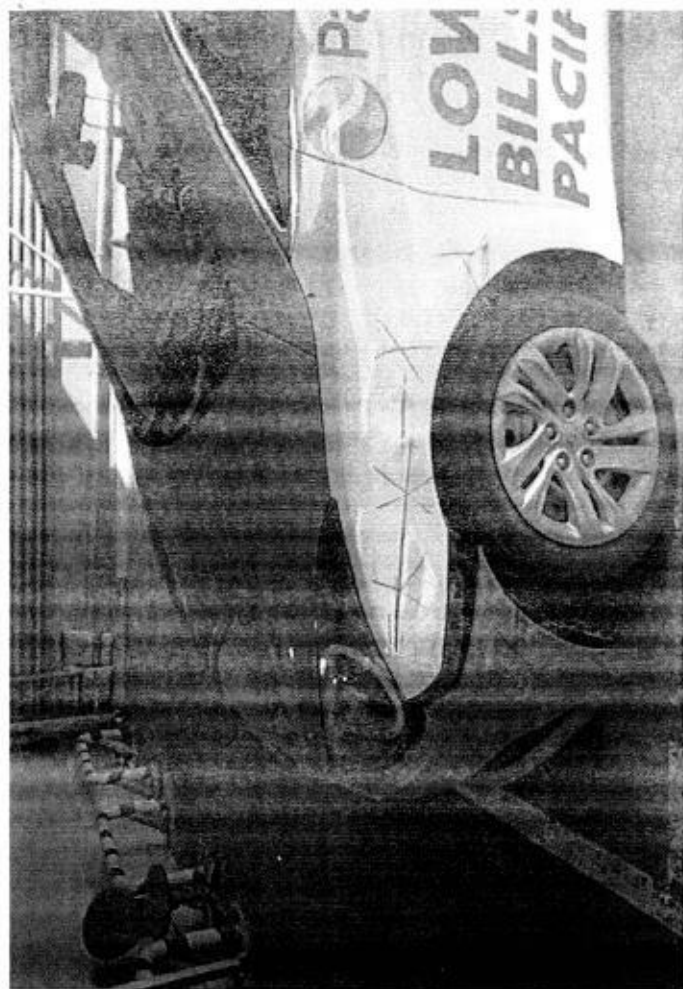
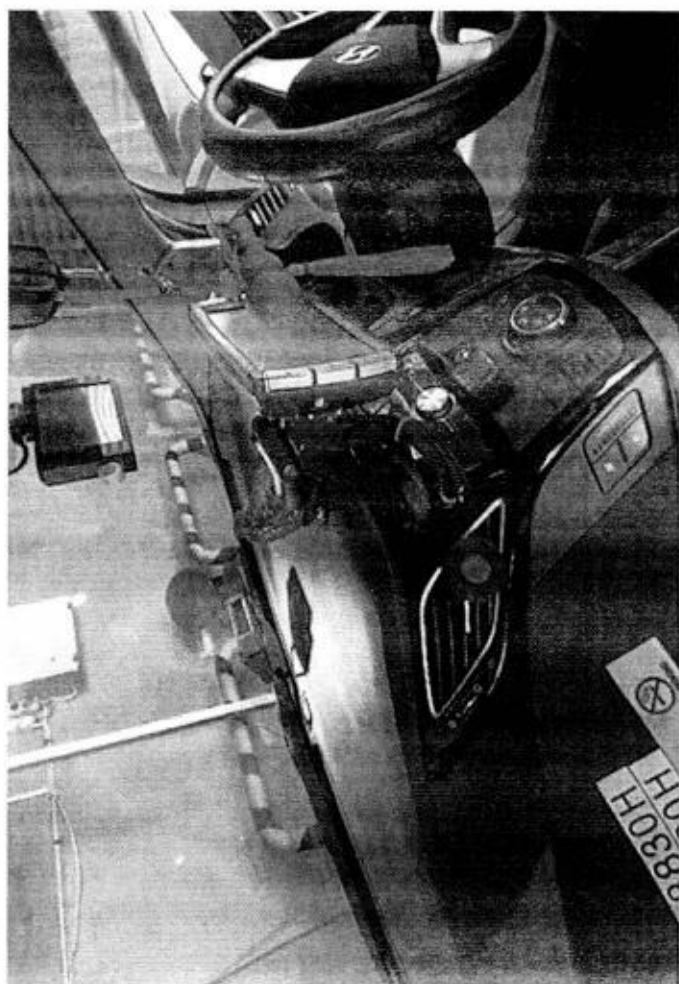
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Loke Wei Yeng

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

1/6/19



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8830H

DATE 01.06.2019

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover		one ✓	\$ 1,052.20
	Front Bumper Bracket (LH)		de ✓	\$ 24.60
	Headlamp Support Panel Assy(LH)		nn	\$ X 907.40
	Front Fender (LH)		bt ✓	\$ 663.00
	Front Fender Shield (LH)		tn ✓	\$ 174.90
	Front Wheel Hub Cap (LH/RH)		nn.	\$ X 107.10
	SUB TOTAL		1914.70	\$ 2,929.20
	LESS 20%		20% 1531.76	\$ 585.84
	DISCOUNTED TOTAL			\$ 2,343.36
	Front Fender Advertisement Logo (LH/RH)		net ✓	\$ 100.00 Nett
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 500.00 300
	Spray Painting Charge			\$ 50.00 400
	Wiring Charge			\$ 50.00 30
	Tuff Kote			\$ 50.00 30
	FRT Wheel Alignment			\$ 80.00 xnn.
	TOTAL LABOUR		2391.70	\$ 730.00 760.
	ESTIMATE TOTAL		4541900. 3days	\$ 3,173.36
				3523.36
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.				

LKK Auto Consultants hence notify the Repairer of the following:

- 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

Acknowledged by Repairer

Signature:

Date:

TOTAL LABOUR

ESTIMATE TOTAL

Our Job Ref No 305300068

Date 08.06.19

COMFORTDELGRO
ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax:


Attn : Mr TAUFIKH

Vehicle Reg No. SHC8830H CTPL

31.05.19

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

- | | |
|---|---|
| <p>1. The repair job shall bill to: _____</p> <p>2. The finalized amount shall be:</p> <p style="margin-left: 20px;">(a) Spare Parts after List discount _____</p> <p style="margin-left: 20px;">(b) Labour Charges _____</p> <p style="margin-left: 40px;">Total for Part-By-Part Repair Cost _____</p> <p style="margin-left: 20px;">(c) Lumpsum Repair (if applicable)</p> <p style="margin-left: 40px;">Total for Lumpsum repair cost after Less: 20%</p> <p style="margin-left: 40px;">Final Lumpsum Repair cost \$1,900.00</p> | <p>NTUC GBF2690P</p>

<p>3. Estimated normal period for repairs: <u>3</u> working days.</p> <p>4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days</p> <p>5. Thank you for your assistance.</p> <p style="text-align: center; margin-top: 20px;">  </p> |
|---|---|

<p>Signature : _____</p> <p>Name : <u>LIM KWOK ENG</u></p> <p>Tel : <u>62148316</u></p> <p>Fax : <u>65468156</u></p>	<p>We confirm the estimates and finalized amount</p> <p>Signature : _____</p> <p>Name : _____</p> <p>Date : _____</p>
--	---

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:



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/INC19009835/T1td3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 10-07-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBF 2690P	Veh. Inspected	SHC 8830H
Policy No.	5102911307	Coverage (\$)	0.00
Claim No.	MT/1047719-002	Excess (\$)	0.00
Assign From		Assign Date	03/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU086754	Colour	BLUE
Odometer	486786	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	HANKOOK	6 mm
L/H Front Tyre	205/60R16	HANKOOK	6 mm
R/H Rear Tyre	205/60R16	HANKOOK	6 mm
L/H Rear Tyre	205/60R16	HANKOOK	6 mm

4. Description of Damages

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

5. General Information

Accident Date	31/05/2019	Inspection Date	03/06/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 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. SHC 8830H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
1	FRONT BUMPER BRACKET (LH)	DEFORMED	24.60	24.60
1	HEADLAMP SUPPORT PANEL ASSY (LH)	NOT NECESSARY	907.40	-
1	FRONT FENDER (LH)	BENT	663.00	663.00
1	FRONT FENDER SHIELD (LH)	TORN	174.90	174.90
2	FRONT WHEEL HUB CAP (LH/RH)	NOT NECESSARY	107.10	-
	LESS 20% DISCOUNT		-585.84	-382.94
			2,343.36	1,531.76
SPECIAL NETT ITEMS				
2	FRONT FENDER ADVERTISEMENT LOGO (LH/RH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING.		500.00	300.00
	SPRAY PAINTING CHARGE.		400.00	400.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	30.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,080.00	760.00
GRAND TOTAL			3,523.36	2,391.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,900.00

Report Ref No. NS/INC19009835/T1td3s2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

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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