

Surveyor: KalvinREF: NS/INC 19010532/ K19d 302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: CB7146XPolicy No. 5086024781-02 (14/11/2018 -)Claims No. M7/1048896-02

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: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 7712H Yr Regn: 28 May / 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / Tr / Prime Mover /

Truck / Trailer or

Make: Wan 240 c.c. 1685Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 550676 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHLB414MF4069209Gen. Cond: Good / Scr / Poor / BurntSteering: In order / Scr / Jammed / Leaked / Burnt orBrake: In order / Scr / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Scr / Rim orTyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Calson

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 13/6/19 D.O.I. 13/6/19Survey held at CPGE (Loyang)

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

o/s Rear

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

Date / Time	Action / Instruction
	SHA 7712H - X
	CB 7146X - X
12/6/19	Calson 45 \$1650 / 3 days. (P&A \$9754.08, 78%)

RECEIVED 19 JUN 2019

Date/Time, File Pass to?

1) 20/6/19 training

Date/Time, File Return to?

2) _____

☐ : Preli. Report☐ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Test (\$ _____)Survey Fee: 160

Transportation: _____ \$ + RS. _____ \$

Photos _____

160

Shiau Chan (LKKAUTO)

From: MTCL@income.com.sg
Sent: Thursday, 20 June 2019 9:09 AM
To: Shiau Chan (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: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Wednesday, 19 June 2019 9:51 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madm,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D
1	MT/1048896-002	COMFORT TRANSPORTATION PTE LTD	SHA 7712H	CB 7146X	

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

eBaoTech

General Claim

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="13/06/2019 17:21"/>
Vehicle No.(For Motor)	<input type="text" value="CB7146X"/>	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"/>	5086024781-02		KOH CHENG KIAT	S7006528B	GFT	Comprehensive	CB7146X	CB7146X	14/11/2018	

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	13/06/2019 10:00
Date Of Accident	13/06/2019 07:50
Exact Location Of Accident	WOODLANDS AVE 9 TWDS WOODLANDS AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7712H
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	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	AW YONG LIAN SHIN
NRIC No	S1162287I
Date Of Birth	28/04/1956
Occupation	OUTDOOR
Date Of Driving Pass	12/03/1976
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96190940
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	331 12-225 BUKIT BATOK STREET 33
Postcode	650331
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: : 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	CB7146X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	KOH CHENG KIAT
NRIC/Passport Number	S7006528B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

KERB

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

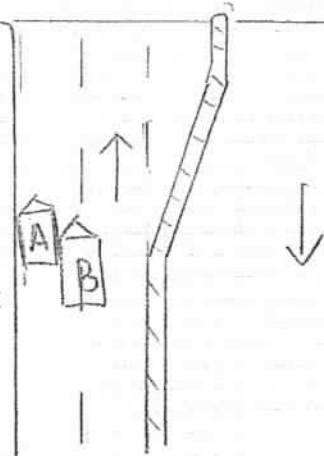
NOT SURE

No. Of Passenger (Including Driver)

SKETCH PLAN

A = SHA 7712H
B = CB7146X

Woodlands
Ave 9
twos
Woodlands
Ave 10
before
Woodlands
Walk



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/6/19 at about 07:50 hrs, I was driving straight
on above said location with a female pax onboard.
Veh B signalled right and filtering to right hand side.
Suddenly it swerved to left and it front left
portion hit & grazed onto the right rear portion
of my taxi. The collision also caused my taxi front
road
left tyre grazed on the kerb. Both of us then
alighted to take photo and exchanged particulars.
No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 189303518
Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

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.

COMFORT 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 Personne's Signature
Name: 13/6/19 Loke Wei Yieng
NRIC/FIN No.:

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305303201
OWNER	COMFORT TRANSPORTATION PTE LTD	REGN NO.:	SHA7712H	MILEAGE
OWNER NO.	7010045	MAKE:	HYUNDAI	FUEL
ESS	383 SIN MING DRIVE	MODEL	I-40	DATE/TIME IN
(R)	Singapore SINGAPORE 575717	YR OF MANU.	28.05.2015	13.06.2019 09:00
(P)	65508755 (O)	CHASSIS CODE	KMHLB41UMFU069209	TARGET DATE
UNIT CARD NO.				COMPLETION DATE/TIME:

Accident Date: 13.06.2019
NATURE: 3P 13.06.19/C

S/NO LABOR CODE DESCRIPTION

to Side Kerb



KEYED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Signature Slip Exit Pass

Vehicle No.: SHA7712H SHA7712H

Signature/Date Name of Service Advisor Date

TS

DATE 13/6/2019 14:22

LKK - Kalvin

LKK - Kalvin

mem. of

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305303201

Date : 17/06/19

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA7712H

Date of Accident : 13-Jun-19

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

1. The repair job shall bill to: NTUC --- CB7146K

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

\$1,650.00

\$1,650.00

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 : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 19/6/19

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:

COMFORT DELGRO ENGINEERING

VEHICLE : SHA7712H TYPE OF CLAIM : TP

MODEL : I-40 SURVEY BY : LKK-KALVIN

JOB NO : 305303201 DATE : 13.6.19

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	REAR BUMPER SIDE BRKT RH	1	35.60	/ <i>cm</i>
2	REAR BUMPER UNDER COVER	1	228.00	/ <i>at</i>
3	BOOTLID CHROME MOULDING	1	227.90	/ <i>cm</i>
	* Last Entry *			
1	REAR WHEEL CAP RH (corrected side)	1	107.10	
	* Last Entry *			




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/INC19010532/K1qd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 26-06-2019	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	CB 7146X	Veh. Inspected	SHA 7712H
Policy No.	5086024781-02	Coverage (\$)	0.00
Claim No.	MT/1048896-002	Excess (\$)	0.00
Assign From		Assign Date	13/06/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069209	Colour	BLUE
Odometer	550676	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 O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	13/06/2019	Inspection Date	13/06/2019
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.			
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

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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7712H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CRACKED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR FENDER (RH)	TO REPAIR SEE LABOUR	2,171.40	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	169.30	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	28.30	-
1	REAR DOOR (RH)	TO REPAIR SEE LABOUR	2,201.10	-
1	ROCKER PANEL OUTER GARNISH (RH)	TO REPAIR SEE LABOUR	341.40	-
1	REAR WHEEL HUB CAP RH	GRAZED	107.10	107.10
1	REAR BUMPER SIDE BRKT RH	CRACKED	35.60	35.60
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
1	BOOTLID CHROME MOULDING	CRACKED	227.90	227.90
	LESS 20% DISCOUNT		-1,217.02	-234.72
			4,868.08	938.88
<u>SPECIAL NETT ITEMS</u>				
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
1	REAR DOOR COMFORTDELGRO & APPS STICKER (SN)	NECESSARY	80.00	80.00
			126.00	80.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR FENDER (RH), REAR DOOR (RH) AND ROCKER PANEL OUTER GARNISH (RH).		800.00	400.00
	SPRAY PAINTING CHARGE.		1,000.00	600.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE / REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
	TRANSFER OF DOOR.	NOT NECESSARY	80.00	-

Report Ref No. NS/INC19010532/K1qd3e2



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Reg. No: 52983356E GST Reg. No. 20-0405911-H



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			2,410.00	1,080.00
GRAND TOTAL			7,404.08	2,098.88
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,650.00

Report Ref No. NS/INC19010532/K1qd3e2

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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