

Surveyor: Kelvin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SFF 1256U

Policy No. 5068344619-04 (14/11/2018-13/11/2019)

Claims No. MT/1049791-002

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 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: SHA 4758X Yr Regn: 20 Dec 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1700

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

Sp. Reading: 297494 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STD KB3F4503536813

Gen. Cond: Good / Car / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Arm or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Westlake

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 19/6/19 D.O.I. 19/6/19

Survey held at CPHE (Loyang)

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

O/S Front

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

Date / Time	Action / Instruction
	SHA 4758X - NA/ INC 01737/c1 D.O.A - 13/06/2008 INC
	SFF 1256U - X 42
26/6/19	Interview 4p \$900 / 2 hrs. (Red 4335-60, 817)
	RECEIVED 27 JUN 2019

Date/Time, File Pass to?

☐: Preli. Report

1)

☐: Final Report

Date/Time, File Return to?

2) 27/6 - typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Time's

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

Report Format:

TP

45 \$900k

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Wednesday, 26 June 2019 6:41 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi

All claim created

With Regards

Azlin Rani
Senior Administrator, 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, 26 June 2019 11:55 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 26/6/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1050747 - 001	Comfort transportation	SHC 2261P	SGU 1719K	18/6/2019	16:30	5692.40	3200
2	MT/1049791 - 002	Comfort transportation	SHA 4758X	SFF 1256U	19/6/2019	12:10	5135.60	900

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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="19/06/2019 09:42"/>
Vehicle No.(For Motor)	<input type="text" value="SFF1256U"/>	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 type="radio"/>	5068344619-04		ANNE D/O JOHN	S1726652G	GPC	drive CLASSIC	SFF1256U	SFF1256U	14/11/2018	13/11/2019

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	19/06/2019 14:32
Date Of Accident	19/06/2019 12:10
Exact Location Of Accident	CTE (SLIP RD) TWDS MOULMEIN RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4758X
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	TOYOTA
Model	PRIUS
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	YAK KENG HOE (YI QINGHE)
NRIC No	S7924989J
Date Of Birth	31/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84406853
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	422 07-370 SERANGOON CENTRAL
Postcode	550422
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	RAINING
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?	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)	1

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)

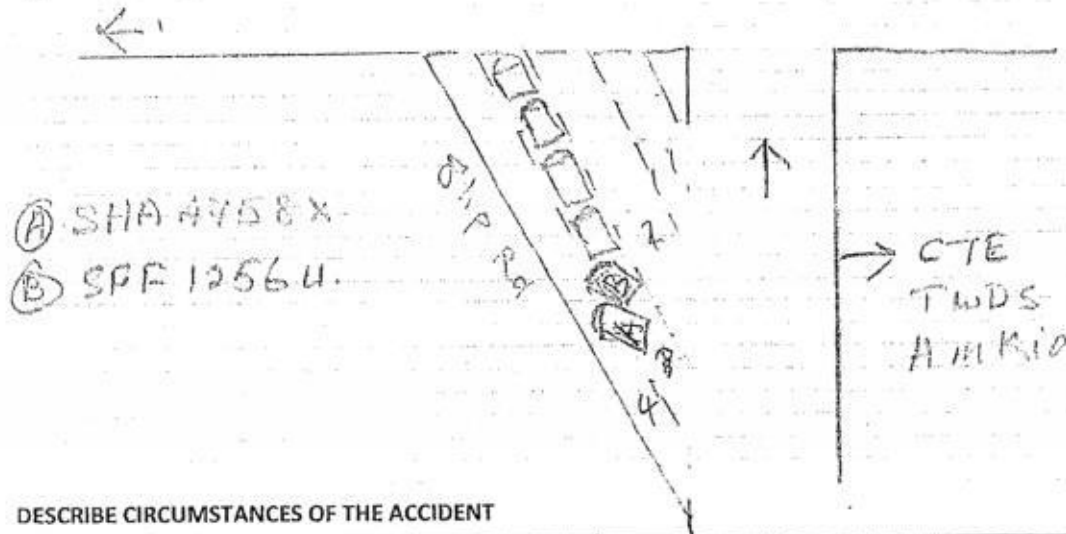
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFF1256U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANNE D/O JOHN
NRIC/Passport Number	S1726652G
Contact Number	91712709
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN

Mountain Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/6/2019 at about 1210 hrs, I vehicle A was driving my taxi along GTE (Shop road) toward Mountain Rd. There was rain and heavy traffic. While I was on third lane of 4 lane. When I view on my left lane vehicle is clear, Then I Switch to the left and move forward, vehicle B also Switch he vehicle at the same time. Then I collided onto vehicle B left front portion. No one was injured at that time.

DECLARATION

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

UNIFORT TRANSPORTATION PTE. LTD.
Policyholder's Signature

Driver's Signature

19/6/19
Jackson Heng
CSO
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.

PORT TRANSPORTATION PTE LTD
CO REG NO 19930321R

Policyholder's Signature
Date & Time:

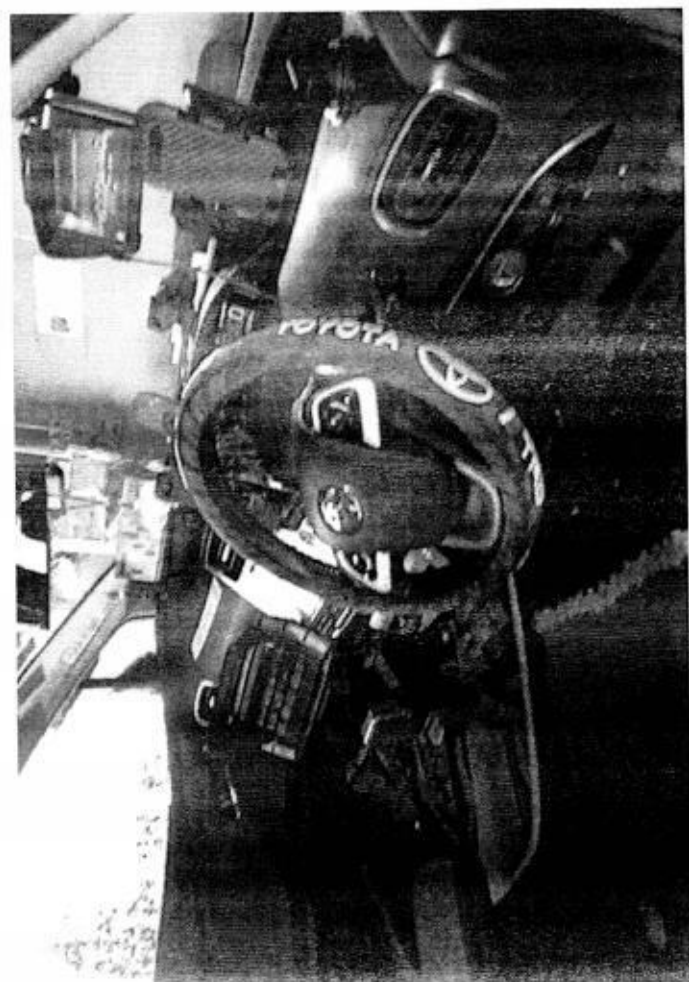
Driver's Signature
(If driver is not the policyholder)
Date & Time:

19/6/19
Jackson Heng
CSO

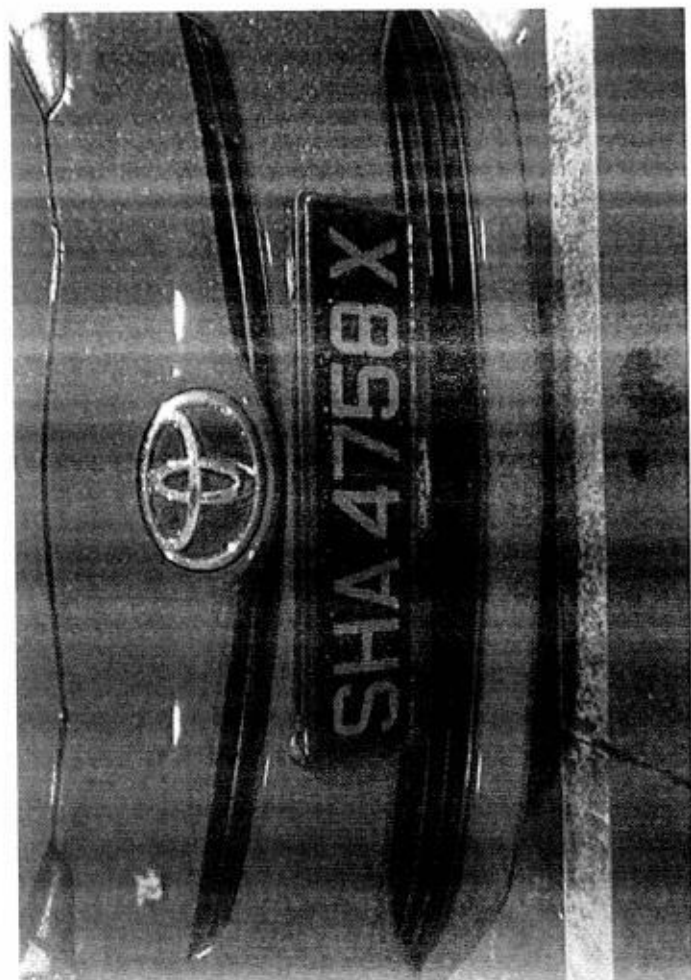
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

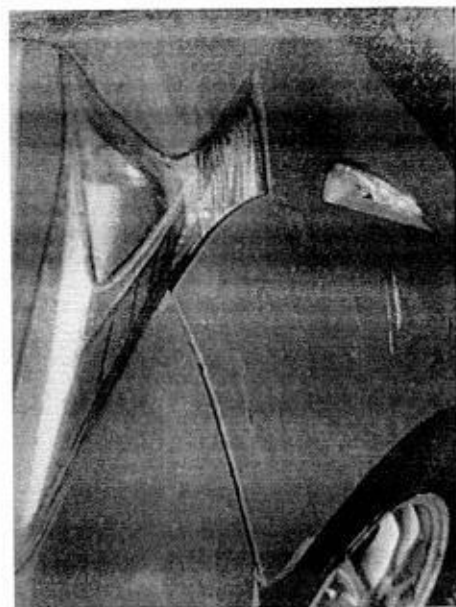
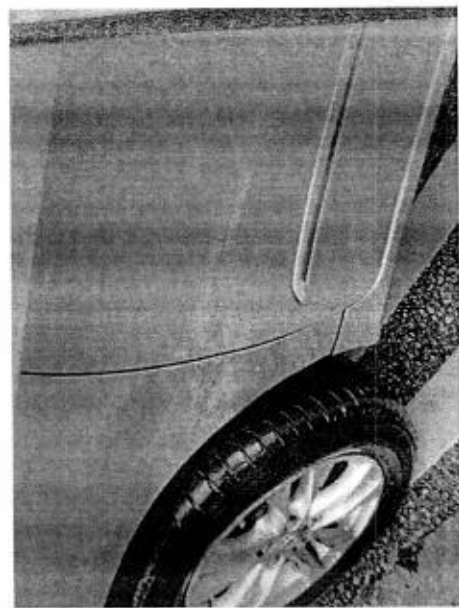
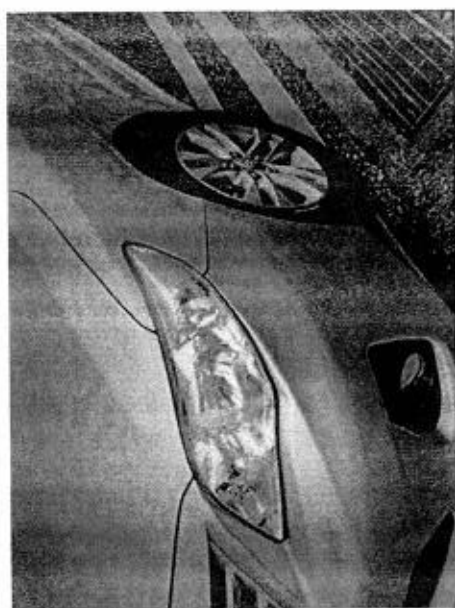
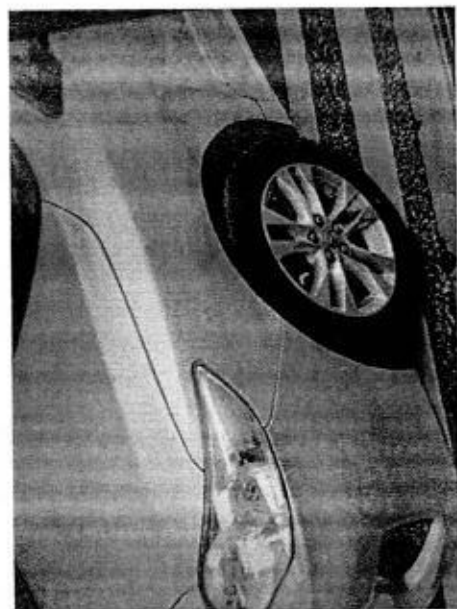
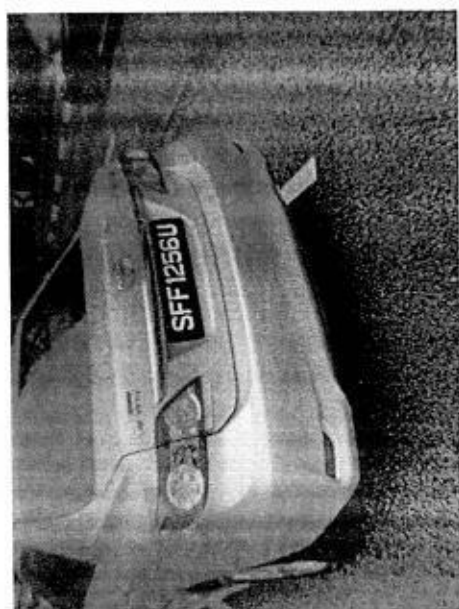
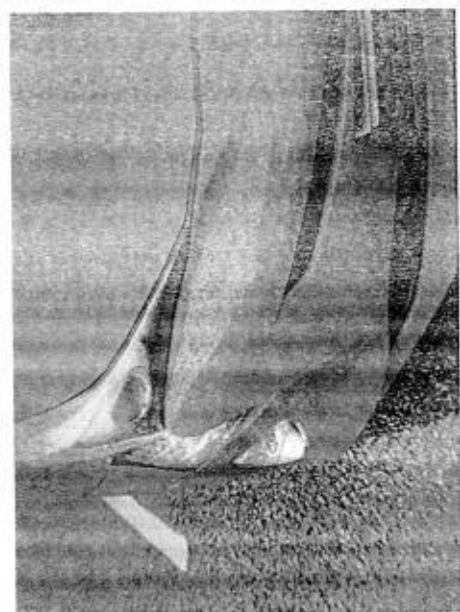


1219



1916





REPAIR ESTIMATE*

DATE: 19. Jun. 2019

DOA: 19. Jun. 2019

NTUC

Acknowledged By Repairer
Signature:
Date:

Larry Ng

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305304677

Date : 25. Jun. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA4758X

Date of Accident: 19. Jun. 2019

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

1. The repair job shall bill to: NTUC SFF1256U

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: \$ 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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kalin

Name : Kalin

Date : 26/6/19

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				
3. Survey Fees				
4. LTA Search Fee				
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/INC19010900/K1vd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-06-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFF 1256U	Veh. Inspected	SHA 4758X
Policy No.	5068344619-04	Coverage (\$)	0.00
Claim No.	MT/1049791-002	Excess (\$)	0.00
Assign From		Assign Date	19/06/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU503536813	Colour	BLUE
Odometer	297494	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	WEST LAKE	7 mm
L/H Front Tyre	195/65R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65R15	WEST LAKE	7 mm

4. Description of Damages

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

5. General Information

Accident Date	19/06/2019	Inspection Date	19/06/2019
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:	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. SHA 4758X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	CRACKED	490.50	490.50
10	FRONT BUMPER CLIPS @ \$2.20	NECESSARY	22.00	22.00
1	FRONT BUMPER SIDE RETAINER RH	SERVICEABLE	77.00	-
1	FRONT BUMPER BRACKET RH	SERVICEABLE	29.60	-
1	HEADLAMP RH	SERVICEABLE	3,380.30	-
1	HEADLAMP BRACKET RH	SERVICEABLE	25.50	-
1	FENDER SUB-ASSY FRT RH	TO REPAIR SEE LABOUR	933.10	-
1	FENDER FRONT HYBRID EMBLEM RH	NECESSARY	86.50	86.50
	LESS 20% DISCOUNT		-1,008.90	-
	LESS 25% DISCOUNT		-	-149.75
			4,035.60	449.25
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FENDER SUB-ASSY FRT RH.		500.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,100.00	700.00
GRAND TOTAL			5,135.60	1,149.25
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

Report Ref No. NS/INC19010900/K1vd3s2

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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