

(08/11/13)

REF: NS/INC 19010902/ K19d3n2

Surname: Kelvin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLN 77387

Policy No. 5090844513-02 (15/05/2019 - 14/05/2020)

Claims No. M7/1049475-002

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: 2 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: SHC 792L Yr Regn: 10 Dec 2015

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1685

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

Sp. Reading: 428 439 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CMHLB X14M44080788

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205 / 60R16

R: _____

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

TOYO / YOKO or Wet lot

Front Rear

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

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

D.O.A. 16/6/19 D.O.I. 19/6/19

Survey held at CPHE (Loyang)

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

n/s Front

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

Date / Time Action / Instruction

SHC 792L - C03/CT118003861/K1063n2 D.O.A - 25/2/2019 INC

SLN 77387 - X

24/6/19 Check P/P \$700 / 2 days. Cred @ 673.04, 49%

no lump sum

RECEIVED 25 JUN 2019

Date/Time, File Pass to? ☐ : Preli. Report11/25/16 final ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S+RS, SI

Photos

Total

160

Reason For...

7P.
700

Shiau Chan (LKKAuto)

From: MTCL@income.com.sg
Sent: Tuesday, 25 June 2019 1:16 PM
To: Shiau Chan (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER

Hi

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: Shiau Chan (LKKAuto) [mailto:siewsc@lkkauto.com]
Sent: Monday, 24 June 2019 10:31 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 24/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D:
1	MT/1049475 -002	CITYCAB PTE LTD	SHC 792L	SLN 7738T	

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)

Disclaimer

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[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"/>	5090844513-02		LIM SOO KWANG	S0728835B	GPC	drive CLASSIC	SLN7738T	SLN7738T	15/05/2019	14/05/2020

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 07:28
Date Of Accident	16/06/2019 17:50
Exact Location Of Accident	BUKIT TIMAH RD TWDS NEWTON CIRCLE X CAVENAGH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC792L
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TAY HAI SIM
NRIC No	S1500835J
Date Of Birth	08/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1980
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96260716
Fax Number	
Contact Number	
Email Address	MINANNJASON@YAHOO.COM.SG

Address	409 #05-303 SERANGOON CENTRAL
Postcode	550409
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	SLN7738T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

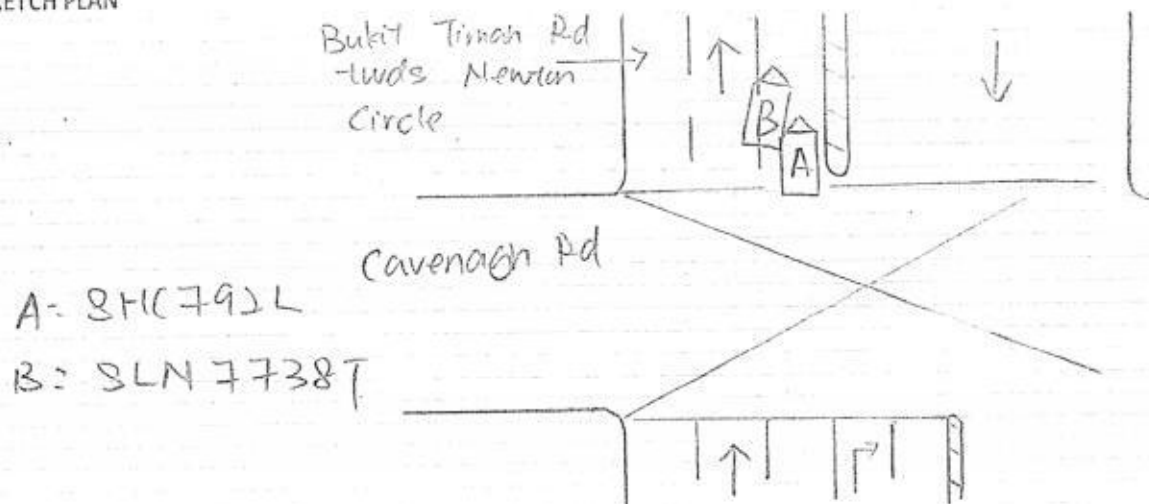
Insurance Company Name

Nature Of Damage

REAR RHT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/6/19 at about 17:50 hrs, I was driving straight at above said location with 2 pax onboard. When I was entered other side junction, Veh B suddenly cut into my lane from left hand side. As it happen too fast, I could not take evasive action to prevent the collision. As a result, Veh B it right rear portion hit & grazed onto the front left portion of my taxi. No injury reported in this accident.

DECLARATION

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

CITYCAB PTE LTD
REG NO: 19959283C

[Signature]
Driver's Signature

[Signature] 18/6/19
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.

CITYCAB PTE LTD
 Policyholder's Signature
 Date & Time:


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

 18/6/19
 Reporting Centre Personnel's Signature
 Name: **Loke Wei Yieng**
 NRIC/FIN No.:

NRUC-45
LKK - Kalvin

IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305304676
REGN NO : SHC 792L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.12.2015
DATE/TIME IN : 19.06.2019 11:40
ACCIDENT DATE : 16.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0574-A FRT FENDER LH

1

566.30 20.00 453.04

X 1/2

Front Bumper x 1/2

SUB-TOTAL : 453.04

JOB NATURE

0000 20-05 Frt Fender Adv.Sticker LH

100.00

0001 PB PANEL BEATING

280.00

0002 SP SPRAYPAINT CHARGE

400

0003 20-00 TUFF COAT ON AFFECTED PARTS.

40.00

SUB-TOTAL : 620.00

1373.04

TOTAL : 1,073.04

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE

DATE :

LKK

The Repairer of the vehicle:

- To resurvey before and after repair.
- To display damaged parts 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

Kalin 16/6/19

19/6/19 13:10 L

2 Bys

4/5

Alta Per photo

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

100, South Bridge Road, Singapore 070001
 Member - 84 4263 8200, Fax/Facsimile - 84 4263 8120

Workshop

100, South Bridge Road, Singapore 070001
 100, South Bridge Road, Singapore 070001
 45, Pandan Road, Singapore 090001
 110, Upper Boat Quay, Singapore 040001

100, South Bridge Road, Singapore 070001
 100, South Bridge Road, Singapore 070001
 45, Pandan Road, Singapore 090001
 110, Upper Boat Quay, Singapore 040001

Date/Time: 19.06.2019 12:57

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JG NO.: 305304676

CUSTOMER

NAME: CITYCAB PTE LTD
 CUSTOMER NO.: 7010070
 ADDRESS: 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65551188 (O)

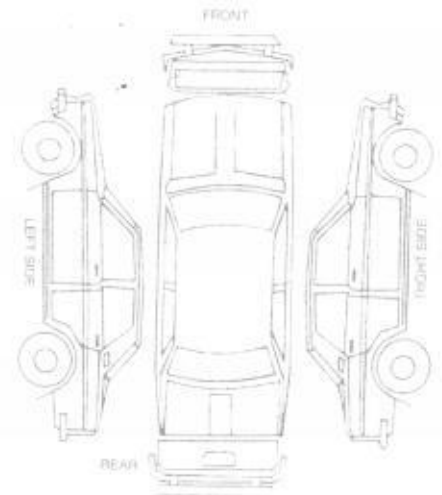
COUNT CARD NO.

REGN NO.: SHC 792L	MILEAGE
MAKE: HYUNDAI	FUEL: E..... 1/2..... F
MODEL: I-40	DATE/TIME IN: 19.06.2019 11:40
YR OF MANU.: 10.12.2015	TARGET DATE
CHASSIS CODE: KMHLB41UMGU080748	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 16.06.2019
 NATURE: 3P 16.06.19

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHC 792L LIMITS

Vehicle No.: SHC 792L

Service Advisor

Signature/Date

Name of Service Advisor

Date

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305304676
REGN NO : SHC 792L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.12.2015
DATE/TIME IN : 19.06.2019 11:40
ACCIDENT DATE : 16.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 20-05	Frt Fender Adv.Sticker LH	100.00
0001 PB	PANEL BEATING	200.00
0002 SP	SPRAYPAINT CHARGE	400.00

SUB-TOTAL : 700.00

TOTAL : 700.00


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305304676
Date : 21/06/19

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SHC 792L Date of Accident : 16-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 --- SLN7738T
2. The finalized amount shall be:
 - (a) Spare Parts after List discount NIL
 - (b) Labour Charges \$700.00
 - Total for Part-By-Part Repair Cost \$700.00**
 - (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 T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 24/6/19

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:




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/INC19010902/K1qd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 27-06-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLN 7738T	Veh. Inspected	SHC 792L	
Policy No.	5090844513-02	Coverage (\$)	0.00	
Claim No.	MT/1049475-002	Excess (\$)	0.00	
Assign From		Assign Date	19/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU080748	Colour	YELLOW	
Odometer	428439	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	WEST LAKE	7 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	16/06/2019	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. SHC 792L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRT FRNDER LH	TO REPAIR SEE LABOUR	566.30	-
1	FRONT BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-113.26	-
			453.04	-
SPECIAL NETT ITEMS				
1	FRT FENDER ADV. STICKER LH (SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRT FRNDER LH AND FRONT BUMPER.		280.00	200.00
	SPRAY PAINT CHARGE.		500.00	400.00
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	40.00	-
			820.00	600.00
GRAND TOTAL			1,373.04	700.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				700.00

Report Ref No. NS/INC19010902/K1qd3n2

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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