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Estimated Cost OD ITP INS TPRES OD RES EVA INV MV To Inspect Vehicle No: at WorkShip mis of Insued: G7 6	⊢rom Date	Veh No: SH 73 & 7 L Yr Regn: 19 Nov 2015
Truck / Trailer or Make: Colour Make: Cond: Good Furl Poor / Burnt Cond: Good Furl Poor / Burnt Truck / Trailer or Make: Colour Make: Colour Make: Cond: Good Furl Poor / Burnt Truck / Tealing or	3.1 VIII.	
To inspect vehicle No: at Workshop mils of Insured: GTL 109L Policy No Claims No. WT 1052423-00\ Sum In sued: Excess: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Acident Rport: Consistent?: Yes or No Est Repairs: days Res.: Yes or No Est Repairs: days Res.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Dat		Truck / Trailer or
of Insured: GZ 6/09 T/Radio: Ins God / Std / NI / NA Eng/No:. Claims Na. WTT (052433-00) Excess: Cilient's Record) Excess: Cilient's Record) Excess: Steering: Inorgar / Jammed / Leaked / Burnt or Brake: Inorgar / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD ARM or Tyre Size; F: 2 b5 / 6 · Rc (Make: Man Lo 24- 0.0 168-
Sp. Reading \$\int \{264\}\}\$ Tiredic: Insced \{ \text{Std / NI / NA} \} Policy No Claims No. \(\text{WT (052423-00)}\) Sum Insued: Excess: (Client's Record) Make of Veh: (Pelicy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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: Date / Time Action / Instruction no Policics for No Called: IN/OUT Date: Person Contacted: Date / Time Action / Instruction no Policics for No Called: \(\text{NI / OS}\) Yes or No Syn 1341 - \(\text{Velice: IN/OUT}\) The U/C / Chassis frame / Body Structure affected due to collision 1		
Collaims No. WT 1052423-001 Sum Insured: Excess: Steering: Inordian Jammed / Leaked / Burnt or Steering: Inordian Jammed / Leaked / Burnt or Brake: Inordian Jammed / Leaked / Burnt or Modi: NII / Sirim / STD Arm or Tyre Size: F: 205 / 6 - RCC (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: Bal. or Market Value: IDAC Acident Report: 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 Date / Time Action / Instruction No Policy Series C/No: Camhlb Yrum G 408 x 61 Gen. Cond: Good / For / Poor / Burnt Steering: Inordian / Jammed / Leaked / Burnt or Brake: Inordian / Jammed / Leaked / Burnt or Modi: NII / Sirim / STD Arm or Tyre Size: F: 205 / 6 - RCC R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front R/Bal. 7 mm R/Bal. 7 mm L/Bal.		Sp.Reading 562647 T/Radio: Ins 6ed / Std / NI / NA
Collaims No. WT (052423-00) Sum In sured: Excess: Steering: Inordian Jammed / Leaked / Burnt or Steering: Inordian Jammed / Leaked / Burnt or Brake: Inordian Jammed / Leaked / Burnt or Modi: Nil / Sikin / STD Affirm or Tyre Size: F: 205 / 6 - RCC (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: IDAC Acident 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 Date / Time Action / Instruction No Policy Apand SH 73471 - X G7 6-001 Gen. Cond: Good / For / Poor / Burnt Steering: Inordian / Jammed / Leaked / Burnt or Brake: Inordian / Jammed / Leaked / Burnt or Modi: Nil / Sikin / STD Affirm or Tyre Size: F: 205 / 6 - RCC R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front R/Bal. 7 mm R/Bal. 7 mm L/Bal. 7 mm	Insured: GZ6109L	
Claims No. WT (052433-00) Sum Insured: Excess:	WANGER THE TAXABLE TO	CINO: [CMHLB &IUMG4080461
Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: NII / Sirkim / STD Archm or Tyre Size; F: 205 / 6. RCC R: Bs / DUN / EXNOVA / GY / FS / LIZA / MIC I OHTSU / PIR / SUMI / TOYO / YOKO or Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Est Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No Lum Sum: % 3 Val.: Yes or No Dote: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Dat		Gen. Cond: Good / For / Poor / Burnt
Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Est Repairs: Lum Sum: A 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN/OUT Date / Time Action / Instruction Policy Follows (Septiment) Action / Instruction Policy Follows (Septiment) Modi: Nii / SRim / STD ARRIM or Tyre Size: F: 2 2 5 / 6 · RCC R: BS / DUN / EXNOVA / GY / FS / LUZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Which From Rear R/Bal. R/Bal. R/Bal. R/Bal. R/Bal. R/Bal. R/Bal. D.O.A. 18/6/19 D.O.A. 18/6/19 D.O.A. 18/6/19 Des. of Damages: Frt / Rear / OIS / NIS / U/C / Rooftop or N/S B		Steering: Inorder / Jammed / Leaked / Burnt or
Tyre Size; F: 2 of 6 · RCC R: Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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: Person Contacted: Date / Time Action / Instruction no policy found SH 73441 - X GREAT Tyre Size; F: 2 of / 6 · RCC R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! / R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! / TOYO / YOKO or Which Find Rear R/Bal. 7 mm R/Bal. 7 mm L/Bal. 1 mm L/Bal. 7 mm L/Bal. 1 mm L/Bal.	(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Est Repairs: Lum Sum: Missing Person Contacted: Call Rev / Rep. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Date / Time Action / Instruction Part / Series / Se	Make of Veh:	
Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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: Date / Time Action / Instruction no Policy Pound SH 3441 - X GT 2004 - CS/FC D603/440 / U.Sh Remark: The veh had commenced its repair at the time of inspection. N/S 0/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Which Is N/S 0/S Rear R/Bal. 7 mm R/Bal. 7 mm L/Bal. 7 m		Tyre Size; F: 205/6. Re(
repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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 Date / Time	(Policy Condition)	4
Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Consistent?: Yes or No Est Repairs: days Res.: Yes or No Lum Sum: Market Value: R/Bal. R/Bal. R/Bal. Mmm L/Bal. D.O.A. 18/6/14 D.O.A. 18/6/14 D.O.A. 18/6/14 D.O.A. 18/6/14 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or n/S / B. Ly The U/C / Chassis frame / Body Structure affected due to collision Date / Time Action / Instruction Date / Time Act	Remark: The veh had commenced its , N/S O/S	
IDAC Accident Rport: 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 Date / Time Action / Instruction	repair at the time of inspection.	TOYO/YOKO or WY/NG - Par
Date / Time Action / Instruction Action /	Bal. or Market Value:	Front Rear
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 Date / Time Action / Instruction	IDAC Accident Rport: Consistent? : Yes or No	1000.
Lum Sum: % 3 Val.: Yes or No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or h/S B 4 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or h/S B 4 The U/C / Chassis frame / Body Structure affected due to collision Date / Time Action / Instruction no policy found SH 73471 - X G7 61091 - CS/FC 0803/440 / U/Sh 24/6/nt Chul USS 8050 4/S, CRed AA6.12, 53%	GIA / PR Seen: Consistent? : Yes or No	Cloud.
Date: Person Contacted: Vehicle: IN/OUT Date / Time Action / Instruction Action / Inst	Est Repairs: days Res.: Yes or No	
Date: Person Contacted: Vehicle: IN/OUT Date / Time Action / Instruction NO PONCY FOUND SH 73471 - X G7 61091 - CS/FCI 0803/440/46h D.OA - 17/11/2008 24/6/11 Chil 458 8050/ 8 B., CRed: AA6.12, 53%	Lum Sum: % 3 Val.: Yes or No	Survey risid di
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision Date / Time Action / Instruction Action /	CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date / Time Action / Instruction no Policy found SH 73471 - X GZ 61091 - CS/FCI 0803/440/USh 24/6/n Chul 458 8050/ & B., (Red: 460.12: 53%)	Vehicle: IN / OU	
10 Policy found SH 73471 - X GZ 61091 - CS/FC1 0803/440/USh D.O.A - 17/11/2008 24/6/11 Chil 458 8050/ 8 B., CRed: AA6.12; 53%)		The U/C / Chassis frame / Body Structure affected due to comision.
5H 73471 - X GZ 61091 - CS/FCI 0803/440/USh D.OA - 17/11/2008 24/6/n Chil 458 8050/ 8 B., CRed: 4A6.12: 53%)		pre .
24/6/n Chil 458 4050/ 4 B. (Red: 46/0.12: 53%)		- CG
24/6/11 Chil 458 4050/ 4 By. (Red: 40-12: 53%)	67 6109L - CS/FC/ DBD3/440/	Ubh D:04 - 17/11/208
	24/6/12 What 458 4050/ 4 By	Red: 446.12: 53%)
2019		
RECEIVED 8 JUL 2019	RECEI	VED 8 9 JUL 2019
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Date/Time, File Pass to? : Preli. Report Days Of Repair:	Date/Time, File Pass to? : Prelli. Report	Days Of Repair:
1) 917 Tunist Final Report Resurvey No. of Trip: Survey Fee:		STATE OF THE PROPERTY OF THE P
Date/Time, File Return to?		Transportation:
2) Add Fee: Site Insp (\$)8+R8SI	Add E	ee: Site Insp (\$)_s+Rssi
Intervie\v (\$)\ Photos		Interview (\$) Photos
Report Formet	France Format	PER PER SECOND
(h) 4050/-	(1) 40501	

TP Claims against NTUC Income: Follow-Through Survey

Date: 25/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1052438 -001	COMFORT TRANSPORTATION PTE LTD	SH 7347L	GZ 6109L	18/6/2019	10:20	\$ 8,69
2	MT/1047694-002	COMFORT TRANSPORTATION PTE LTD	SHC 8877Z	SFY 1297B	3/6/2019	21:30	\$ 6,102.34
3	MT/1049949-003	COMFORT TRANSPORTATION PTE LTD	SHC 789Y	SGJ 1811J	19/6/2019	21:00	\$ 4,99
4	MT/1050552-001	COMFORT TRANSPORTATON PTE LTD	SHC 848K	GM 3434K	16/6/2019	20:50	\$ 3,116

TP Claims against NTUC Income: Follow-Through Survey

Date: 25/6/2019

C /AL	The state of the s	0, 1, 0, 1				L	ļ	
S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident		Estimate
н	Not our insured	COMFORT TRANSPORTATION PTE LTD	SH 7347L	GZ 6109L	18/6/2019	10:20	s	8,696.12
2	MT/1047694-002	COMFORT TRANSPORTATON PTE LTD	SHC 8877Z	SFY 1297B	3/6/2019	21:30	s	6,102.34
3	MT/1049949-003	COMFORT TRANSPORTATON PTE LTD	SHC 789Y	SGJ 1811J	19/6/2019	21:00	s	4,997.84
4	MT/1050552-001	COMFORT TRANSPORTATON PTE LTD	SHC 848K	GM 3434K	16/6/2019	20:50	s	3,116.00

Claim received from LKK

Denise Tay (LKKAuto)

From:

Catherine Koh Mui Gek <catherinekoh@cdge.com.sg>

Sent:

Friday, 5 July 2019 4:53 PM

To:

Denise Tay (LKKAuto)

Cc:

Tan Pei Wei; Roger How Keen Meng; Fauzy Bin Mokhtar; Kazali Haji Selahudin

Subject:

Re: SH 7347L / TP / DOA: 18/6/2019

Dear Denise

We shall purchase your survey report upon request from Ergo.

Thank you.

Best Regards Catherine Koh

Claims Department | ComfortDelgro Engineering Pte Ltd

Off: 62148733 | Fax: 62141843

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>

Sent: Friday, 5 July 2019 4:49 PM

To: Catherine Koh Mui Gek

Cc: Tan Pei Wei; Roger How Keen Meng; Fauzy Bin Mokhtar; Kazali Haji Selahudin

Subject: RE: SH 7347L / TP / DOA: 18/6/2019

Dear Catherine,

Please note we were not assign by ERGO for this vehicle.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Catherine Koh Mui Gek <catherinekoh@cdge.com.sg>

Sent: Friday, 5 July 2019 4:48 PM

To: Denise Tay (LKKAuto) <denisetay@lkkauto.com>

Cc: Tan Pei Wei <tanpw@cdge.com.sg>; Roger How Keen Meng <rogerhow@cdge.com.sg>; Fauzy Bin

Mokhtar <fauzy@sparkcarcare.com>; Kazali Haji Selahudin <kazali@cdge.com.sg>

Subject: Re: SH 7347L / TP / DOA: 18/6/2019

Dear Denise

We shall forward our LOD to Ergo as per your email of 1.7.19.

Thank you.

Best Regards Catherine Koh

Claims Department | ComfortDelgro Engineering Pte Ltd

Off: 62148733 | Fax: 62141843

From: Denise Tay (LKKAuto) < denisetay@lkkauto.com>

Sent: Friday, 5 July 2019 3:43 PM

To: Fauzy Bin Mokhtar; Roger How Keen Meng

Cc: Catherine Koh Mui Gek; Tan Pei Wei

Subject: RE: SH 7347L / TP / DOA: 18/6/2019

Dear All.

Any update?

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Fauzy Bin Mokhtar < fauzy@sparkcarcare.com>

Sent: Monday, 1 July 2019 11:18 AM

To: Denise Tay (LKKAuto) < denisetay@lkkauto.com>; Roger How Keen Meng

<re>crogerhow@cdge.com.sg></re>

Cc: Catherine Koh Mui Gek < catherinekoh@cdge.com.sg>; Tan Pei Wei < tanpw@cdge.com.sg>

Subject: Re: SH 7347L / TP / DOA: 18/6/2019

Dear Roger,

We receive email from LKK surveyor mention 3p was not insured with NTUC The insured accident has been reported to Ergo insurance.

Document we receive from admin with LTA search 3p vehicle no. (GZ6109L) NTUC.

The files was finalize and summit to Katherine.

Please advise.

Best Regards, Fauzy Mokhtar Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd Off:62148319 / Fax:65468156

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>

Sent: Monday, 1 July 2019 10:33 AM

To: Fauzy Bin Mokhtar Subject: SH 7347L / TP / DOA: 18/6/2019

Dear Fauzy,

According to NTUC
TP that it is not insured with them.
The accident has been reported to Ergo insurance.

Please advise.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

Denise Tay (LKKAuto)

From:

MTCL@income.com.sq

Sent:

Friday, 28 June 2019 7:00 PM

To:

Denise Tay (LKKAuto)

Subject:

FW: REQUEST CLAIM NUMBER

Attachments:

LTA SEARCH.pdf

Hi Dennis

TP that it is not insured with us.
The accident has been reported to Ergo insurance.

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



From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]

Sent: Wednesday, 26 June 2019 10:00 AM

To: MTCL@income.com.sq

Subject: RE: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Enclosed LTA search of GZ 6109L

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: MTCL@income.com.sg <mtcl@income.com.sg>

Sent: Tuesday, 25 June 2019 5:52 PM

To: Denise Tay (LKKAuto) < denisetay@lkkauto.com>

Subject: FW: REQUEST CLAIM NUMBER

Hi

All claim created.

Insurance Particulars Enquiry By Agents Detail

https://vrl.lta.gov.sg/lta/vrl/action/insPartDetailByAA?FUNCTIO...

Enquire Vehicle Insurance Details

Vehicle No. Incident Date/Time

Search Status

Insurance Company Code

Insurance Company Name

GZ6109L

18 Jun 2019 / 10:20:00

Successful

N12

NTUC INCOME INS CO-OP LTD

Previous OK

SH 7367L

:OMFORTDELGRO

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 55 6383 6280 Facsimile + 65 6280 9755

24 Sendkil (200 Singapore 758156 7 Sunger Kabirt Way Singapore 72879) 501 Yahun Industrial Park A Singapore 768732

Date/Time: 19.06.2019 11:00

Page: 1

JOB CARD Team: ARC Repair TP(CLSO)1 Sales Order: 3931314 JC NO.: 305304488 **FOMER** REGN NO.: MILEAGE SH 7347L COMFORT TRANSPORTATION PTE LTD 15 MAKE: FUEL 7010045 TOMER NO. HYUNDAI 383 SIN MING DRIVE RESS MODEL DATE/TIME IN Singapore SINGAPORE 575717 I-40 18.06.2019 15:20 65508755 (R) YR OF MANU. TARGET DATE (P) 19.11.2015 CHASSIS CODE COMPLETION DATE/TIME: OUNT CARD NO. KMHLB41UMGU080461

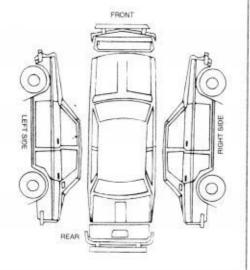
JOB DESCRIPTION

Accident Date: 18.06.2019 NATURE: 3P 18.06.19/B-

S/NO

LABOR CODE

DESCRIPTION



	49
	til e
CKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
ledgement Slip	Exit Pass
No.: SH 7347L FZ NTUC	Vehicle No.: SH 7347L
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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- 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 18/06/2019 16:40
Date Of Accident 18/06/2019 10:20

Exact Location Of Accident ALONG LORONG H TELOK KURAU

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH7347L

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 140

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
THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage

YES

Fleet Policy Policy Number

D-18088936MFSH

Cover Note Number

Driver

Name of Driver KWA HOW THEIN

 NRIC No
 \$1623568G

 Date Of Birth
 10/09/1963

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/11/1982

Driving Experience 36 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91884328

Fax Number

Contact Number

EMail Address ARTHURKWA888@GMAIL.COM

Address

e . t ,

BLK 112 COMMONWEALTH CRESCENT

#08-314

Postcode

140112

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)

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

REFER ATTACHED

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

GZ6109L

Vehicle Make/Model/Colour

TOYOTA VAN

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MIAH SUZON

NRIC/Passport Number

G2036539R

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RH FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

KWA HOW THEIN

HAND AND SHOULDER

SH7347L

YES

NO

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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)
 - (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
- 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

Driver's Signature

(If driver is not the policyholder)

Olivia Wendy

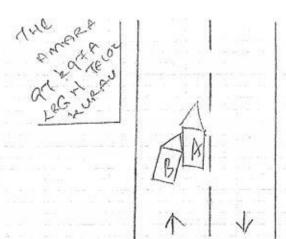
Reporting Centre Personnel's Signature

Date & Time:18.06.2019 @ 16:00HRS NRIC/FIN No.:

1 B JUN 2019

Policyholder's Signature Date & Time:

SKETCH PLAN



A - SH 7347L B - GZ 6109L

Along Lorong H Telok Kurau.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18.06.2019 @ 10:20hrs I was travelling along Lorong H Telok Kurau.
vith no passeger onboad.
As I was travelling straight Veh(B) suddenly cut in to my lane from
ny left and hit onto my Taxi A - vehicle left portion.
had company video and photo of scene to support my claims
felt pain in my hand and shoulders after accident will consult a doctor later o
/eh B (GZ 6109L) - Mr.Miah Suzon.
CLARATION

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

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

Policyholder's Signature Date & Time:

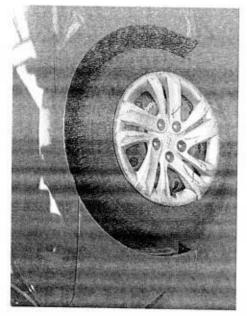
Driver's Signature

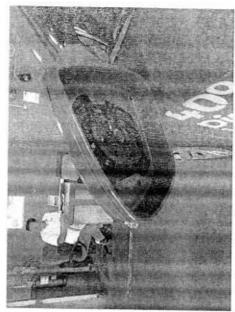
Olivia Wendy

Reporting Centre Personnel's Signature

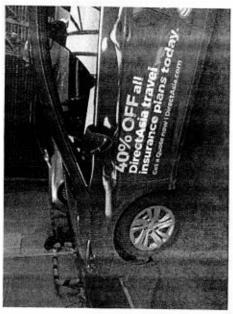
(If driver is not the policyholder) Name:
Date & Time: 18.06.2019 @ 16:00HRS NRIC/FIN No.:

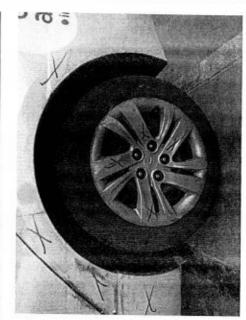
18 JUN 2019

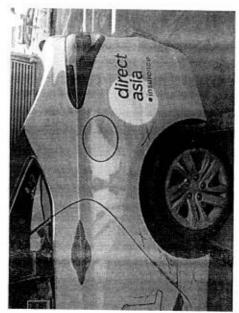






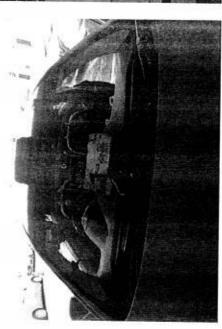












COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SH 7347L

MAKE

20 MODEL : HYUNDAI i40 DATE 19/6/2019 9:11

Qty	Parts Description/ Labour	Type	Unit Price		Amount
	Rear Door (LH) × rp.~	112		S	2,201.10
	Front Door (LH)			S	2,256.40
	Front Door Gear / Regulator (LH)			S	250.60
	Front Door Mirror Assy (LH)			S	670.00
	Front Door Power Motor, LH ×			S	172.70
	Rocker Panel Outer Garnish (LH)			s	341.40
	Rear Wheel Hup-Cap (LH)			S	107.10
	Front Wheel Hub Cap,LH			S	107.10
	Fred LH Feater x 1905				
	Find litt Finder x 19ch Kan Regar x 19ch SUB TOTAL			s	6,106.40
	LESS 20%			S	1,221.28
	DISCOUNTED TOTAL			\$	4,885.12
	Rear Bumper Advertisement Logo			s	50.00
	Rear Bumper Rubber Mat				50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$	50.00
	Rear Door Advertisement Logo (LH)		3 100.00	\$	200.00
		he		\$	100.00
	Front Door Coloured Comfort Logo (LH)			S	80.00
	Front Door Advertisement Logo (LH)			\$	75.00
	Rear Tyre (LH)			\$	100.00
	Front Fender Advertisement Logo(LH)			\$	216.00
	Front Fender Advertisement Logo(LH)			S	100.00
	18	RAUTO Ser	States.	s	971.00
	/ · 0	Survey ber	Stolen's hears notify the following: and seem painting	_	7
	Labour Charge	For some	Tharty Painting		/
	Panel Beating-Repair Rear LH Fender	72 500	pru alon		85 0.0 0
	Spray Painting Charge	Tip total	(many stand Prejudice basis	\$/	
	I AND	444	val from provinced and	8	1,500.00
	Wiring Charge Tuff Kote Kehn (Chy)	Od by Repair	val from Insurance Company v.	\$	50.00
				/\$	100.00
	Towing Charge	117/		\$	60.00
	Transfer of Door	11704	\$ 80.00/	\$	160.00
	Four Wheel Alignment 45,	14	2 . //	S	120.00
	TOTAL LABOUR	our h	yn pll	\$	2,840.00
	ESTIMATE TOTAL			s	8,696.12
	This is an initial estimate based on a visual inspection of the	above veh	icle. The final renair or	iantu	m will

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305304488 ComfortDelGro Engineering Pte Ltd 24.06.2019 59 Loyang Drive Singapore 508969 Fax: 6546 8156 FINALIZATION FORM LKK Fax: Attn : KALVIN Vehicle Reg No. : SH 7347L Date of Accident: 18.06.2019 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-1. The repair job shall bill to: NTUC GZ 6109L The finalized amount shall be: Spare Parts after List discount \$0.00 (b) Labour Charges \$0.00 Total for Part-By-Part Repair Cost \$0.00 Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 20% \$4,050.00 Final Lumpsum Repair cost \$4,050.00 Estimated normal period for repairs: 3. working days. 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 : Signature: Name : FAUZY BIN MOKHTAR Name : 62148319 Tel Date Fax : 65468156 For Official Use Only Document Confirm By Item Amount Attached Remarks (Signature) Yes or No 1. Rental Rate P/Day YES 2. Loss of Income Paid N 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





NT	UC INCOME INSU	RANCE CO-OPERATIVE LTD	Ref: NS/INC190109	04/K1td3s2
#05	BRAS BASAH RO 5-01 NTUC TRADE 9556	AD UNION HOUSESINGAPORE	Date: 16-07-2019 Code: INC4	
1.		Policy Particulars	:- THIRD PARTY CLAIM	2500000
	Insured Veh.	GZ 6109L	Veh. Inspected	SH 7347L
	Policy No.		Coverage (\$)	0.00
	Claim No.	MT/1052438-001	Excess (\$)	0.00
	Assign From		Assign Date	19/06/2019
2.		Vehicle Parti	culars & Condition	
	Make & Model	HYUNDAI 140	c.c	1685
	Engine No.	HIDDEN	Year of Reg.	2015
	Chassis No.	KMHLB41UMGU080461	Colour	BLUE
	Odometer	562647	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		
3.		Conditi	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	205/60R16	WEST LAKE	7 mm
	L/H Front Tyre	205/60R16	WEST LAKE	7 mm
	R/H Rear Tyre	205/60R16	HANKOOK	7 mm
	L/H Rear Tyre	205/60R16	HANKOOK	7 mm
4.		Description	on of Damages	
	THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT THE N/S ETAILS.	BODY.	
5.		General	Information	
	Accident Date	18/06/2019	Inspection Date	19/06/2019
	Survey held at	COMFORTDELGRO ENGINEER		W.C. 63509W.C-54900
		59 LOYANG DRIVE SINGAPORE 508969		
ā.			marks	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	A)THE INSPECTION B)IN ACCORDANCE	N WAS CONDUCTED ON A"WITH E TO YOUR INSTRUCTIONS, WE	HOUT PREJUDICE" BASIS. HAVE NOT AUTHORISED	REPAIRS.
b.		The state of the s	Days of Repair	- SETTOPPORTURE NO.
	ESTIMATED NORM	MAL PERIOD FOR REPAIR:	4 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



ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7347L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted
	REPLACEMENT OF PARTS			177
	REAR DOOR (LH)	TO REPAIR SEE LABOUR	2,201.10	
1	FRONT DOOR (LH)	BUCKLED	2,256.40	2,256,40
-1	FRONT DOOR GEAR/REGULATOR (LH)	SERVICEABLE	250.60	132
1	FRONT DOOR MIRROR ASSY (LH)	BROKEN	670.00	670.00
1	FRONT DOOR POWER MOTOR,LH	SERVICEABLE	172.70	0,0.00
1	ROCKER PANEL OUTER GARNISH (LH)	CRACKED	341.40	341.40
1	REAR WHEEL HUP-CAP (LH)	GRAZED	107.10	107.10
1	FRONT WHEEL HUB CAP,LH	GRAZED	107.10	107.10
1	FRONT LH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	82	-
LESS 20% DISCOUN	LESS 20% DISCOUNT	1	-1,221.28	-696.40
	SPECIAL NETT ITEMS		4,885.12	2,785.60
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR DOOR ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH)(SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
1	REAR TYRE (LH)(SN)	SERVICEABLE	216.00	100.00
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
	(1) (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		971.00	705.00
ļ	LABOUR		071.00	700.00
10	PANEL BEATING.REPAIR REAR LH FENDER.INCLUSIVE OF THE REPAIR OF REAR DOOR (LH),FRONT LH FENDER AND REAR BUMPER.		850.00	600.00

Report Ref No. NS/INC19010904/K1td3s2



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TEL: 6841 0055 FAX: 6841 6315

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



Page No.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted
	SPRAY PAINTING CHARGE. WIRING CHARGE.	NOT NECESSARY	1,500.00 50.00	1,000.00
	TUFF KOTE. TOWING CHARGE.		100.00 60.00	50.00
	TRANSFER OF DOOR. FOUR WHEEL ALIGNMENT.	NOT NECESSARY	160.00 120.00	50.00
-	CRAND TOTAL		2,840.00	1,700.00
	GRAND TOTAL		8,696.12	5,190.60

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)	4,050.00

Report Ref No. NS/INC19010904/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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