

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Thursday, 4 July 2019 11:17 AM
To: Denise Tay (LKKAUTO)
Subject: RE: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Junainah

Senior Admin Assistant
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Wednesday, 3 July 2019 12:47 PM
To: MTCL@income.com.sg
Subject: REQUEST CALIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 3/7/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1051166-002	Comfort transportation	SHD 7307D	SLK 5273X	28/6/2019	11:00	2985.74	810.50

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="28/06/2019 11:21"/>
Vehicle No.(For Motor)	<input type="text" value="SLK5273X"/>	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 checked="" type="radio"/>	5102020267		TEO NGIAM PENG	S1241073E	GPC	drive CLASSIC	SLK5273X	SLK5273X	07/07/2018	06/07/2019

COMFORT DELGRO

Date/Time: 28.06.2019 15:25

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JO NO: 305307261

STOMER

COMFORT TRANSPORTATION PTE LTD VAPs
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO:	SHD7307D	MILEAGE
MAKE :	HYUNDAI	FUEL E.....1/2.....F
MODEL	IONIQ(G2)	DATE/TIME IN 28.06.2019 11:55
YR OF MANU.	04.12.2018	TARGET DATE
CHASSIS CODE	KMHC851CVKU122018	COMPLETION DATE/TIME

3COUNT CARD NO.

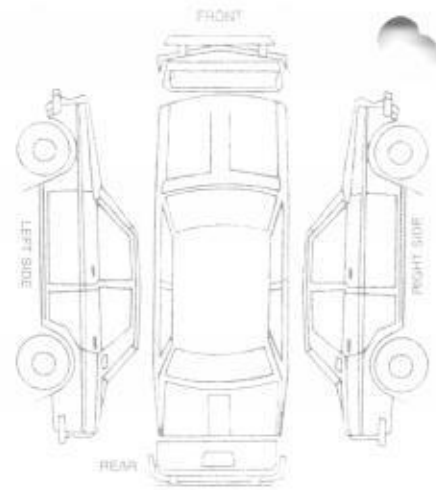
JOB DESCRIPTION

Accident Date: 28.06.2019
NATURE: 3P 28.06.2019

S/NO LABOR CODE

DESCRIPTION

WTUC - Rear
Lack/Kahni -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass:

to:

Vehicle No.:

File No.: SHD7307D LARRY

SHD7307D

Larry No

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/06/2019 13:53
Date Of Accident	28/06/2019 11:00
Exact Location Of Accident	MANDAI LAKE RD TWDS MANDAI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7307D
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	IONIQ HYBRID

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	TAN MENG WAH
NRIC No	S1830563A
Date Of Birth	13/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	04/06/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96980271
Fax Number	
Contact Number	
Email Address	MENGWAHTAN@YAHOO.COM

Address	177 #17-12 LOMPANG ROAD
Postcode	670177
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	COLLISION - HEAD TO REAR
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)	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.

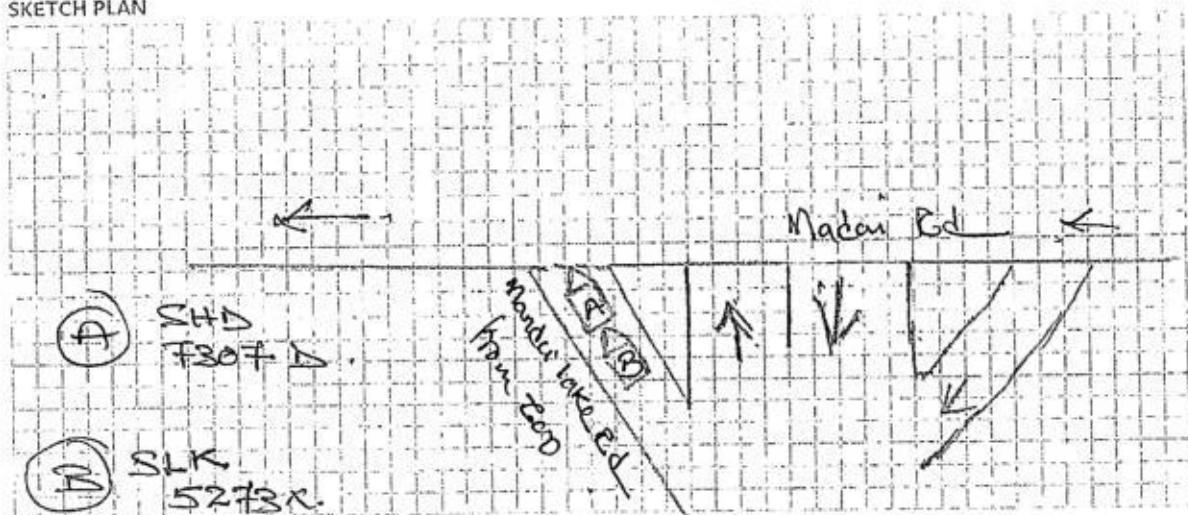
Attachment(s)

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	SLK5273X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO NGIAM PENG
NRIC/Passport Number	S1241073E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28 June @ 2:00 pm I, VEH A
 slow down and stop @ give way sign
 to give way to vehicle on the right.
 Suddenly VEH B from the rear hit
 VEH A Rear. at the point of
 accident VEH A no park.

DECLARATION

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

IMPORT TRANSPORTATION PLE
 CO REG. NO. 189303821R

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

28/6.

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 Authorized 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:

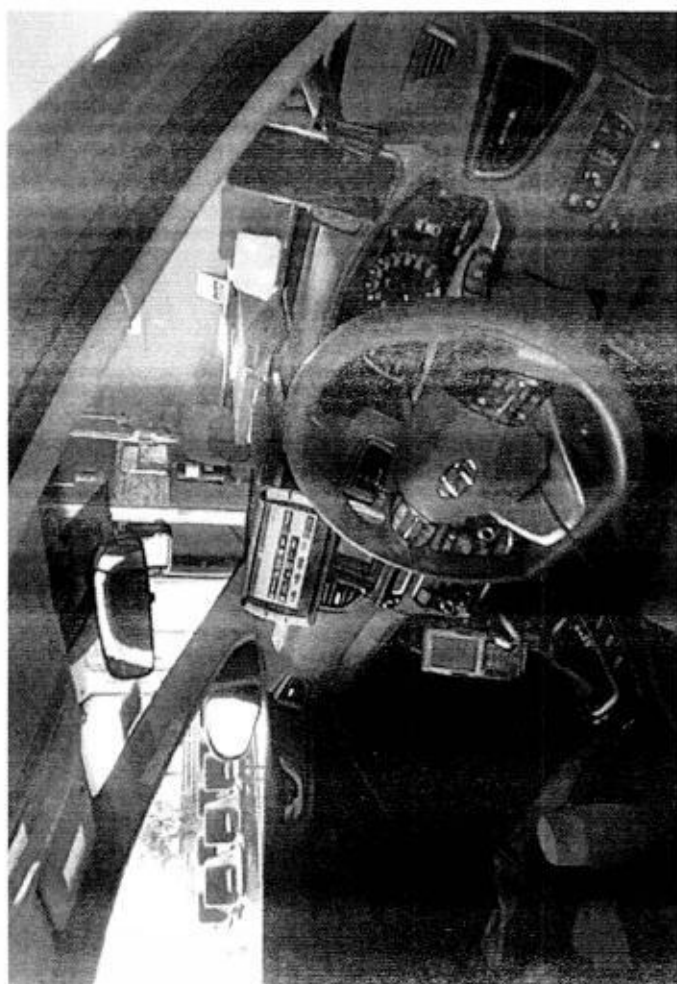
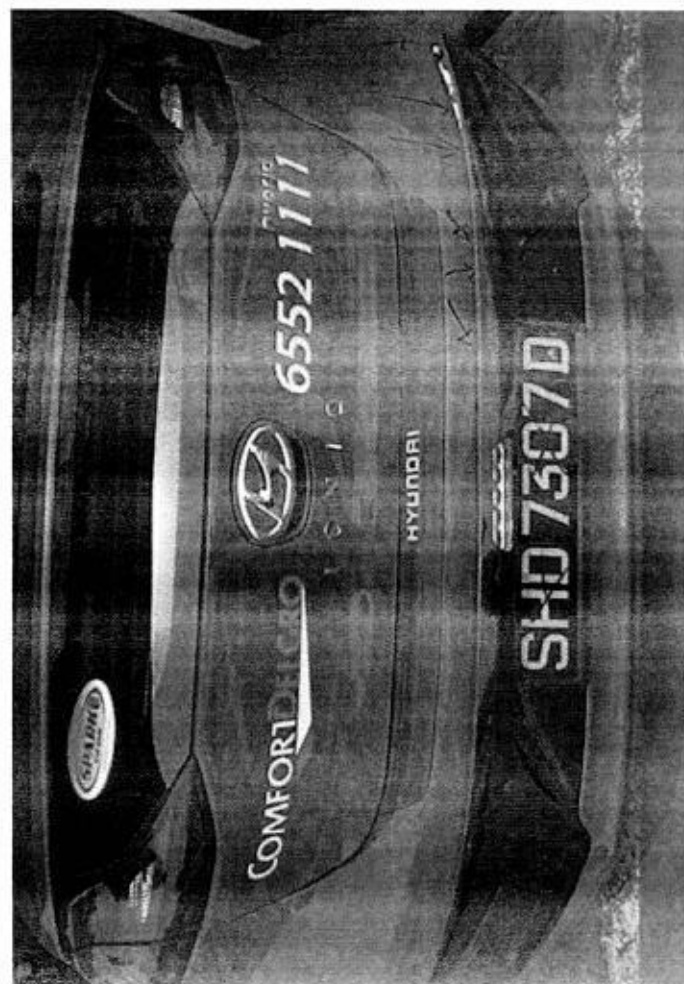
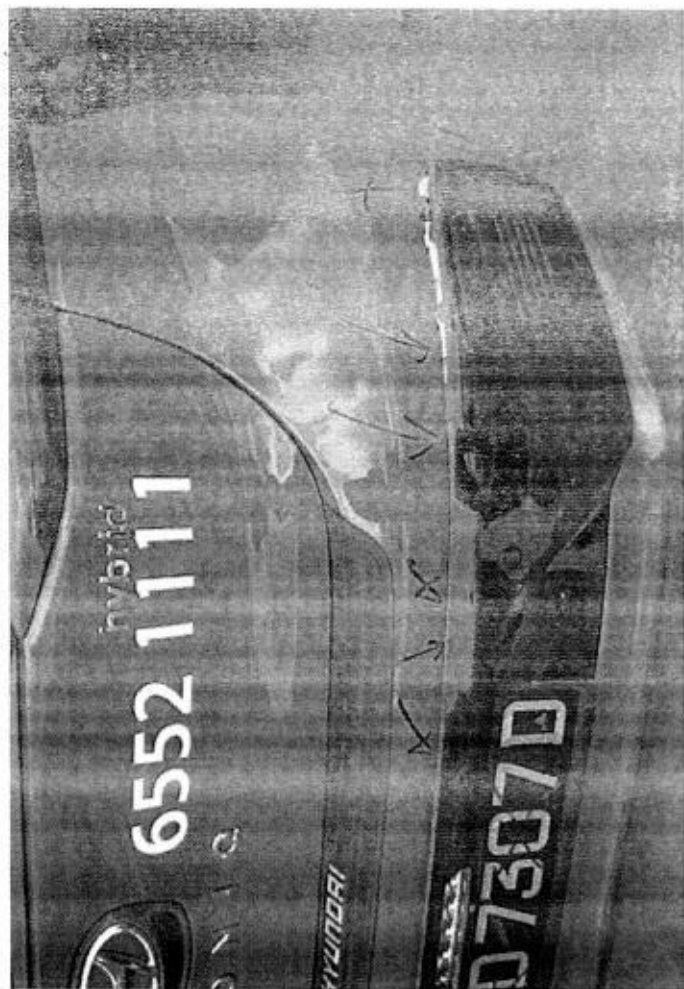
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

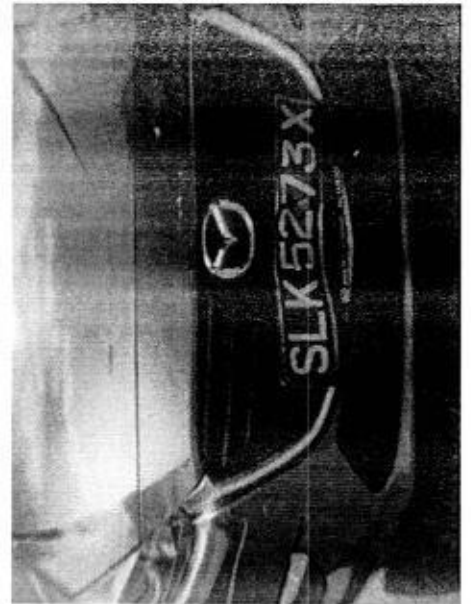
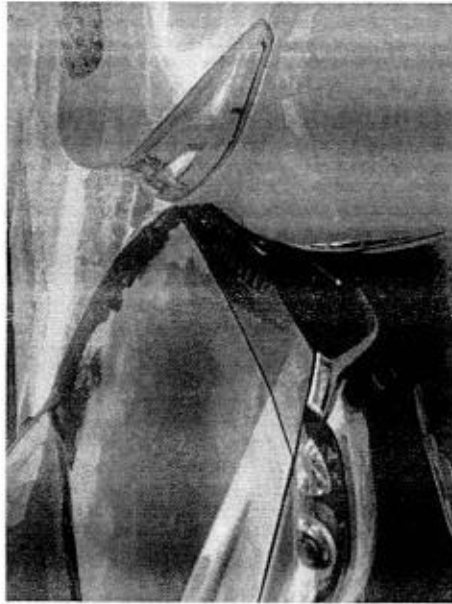
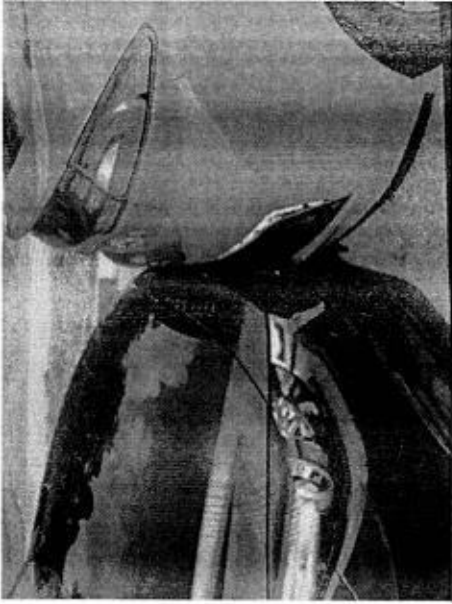
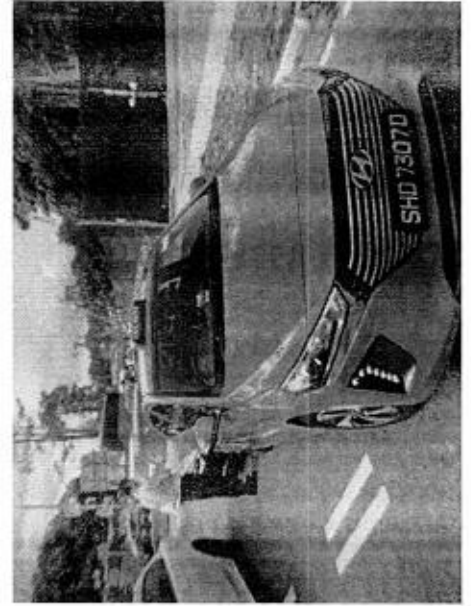
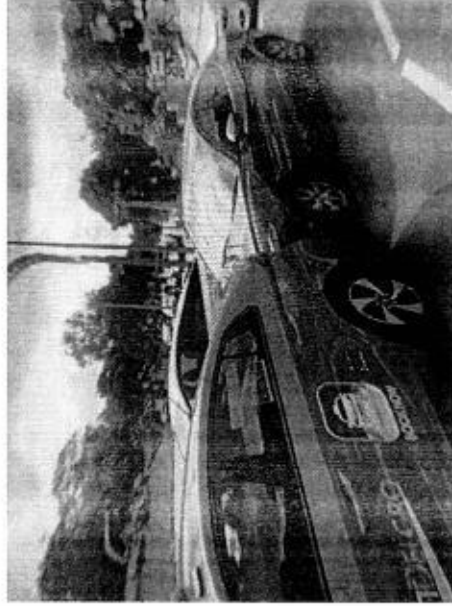
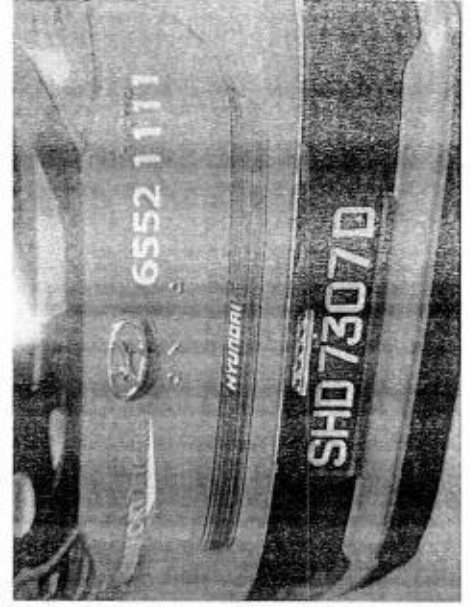
UMFORT TRANSPORTATION PTE LTD
CO REG NO 199303821R

Policyholder's Signature
Date & Time:

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

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





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD7307D

DATE: 28. Jun. 2019

MAKE : HYUNDAI

MODEL : IONIQ

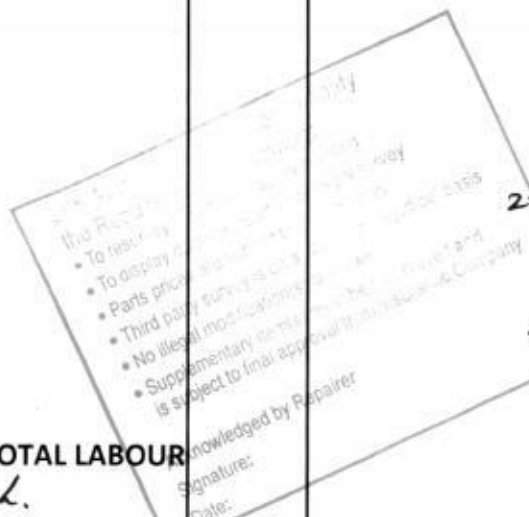
DOA: 28. Jun. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER <i>X Rpr</i>			\$459.40
1	REAR BUMPER CENTRE MOLDING ASSY <i>- label</i>			\$451.25
1	REAR BUMPER LOER CENTRE MOLDING ASSY <i>X su</i>			\$270.10
1	REAR BUMPER REINFORCEMENT <i>X su</i>			\$294.80
2	REAR BUMPER REINFORCEMENT BRK - RH/LH <i>X su</i>		\$138.10	\$276.20
2	REAR BUMPER SIDE BRK - RH/LH <i>X su</i>		\$33.10	\$66.20
1	REAR BUMPER STAY <i>X su</i>			\$138.10
10	REAR BUMPER CLIPS <i>X su</i>		\$2.20	\$22.00
1	REAR BUMPER UNDER CENTRE <i>X su</i>			\$53.85
2	REAR BUMPER SIDE UNDER - RH/LH <i>X su</i>		\$27.50	\$55.00
1	REAR BUMPER REFLECTOR - RH <i>X su</i>			\$31.90
SUB TOTAL				\$2,118.80
LESS 20%				\$423.76
DISCOUNTED TOTAL				\$1,695.04
1	REVERSE SENSOR <i>X su</i>			\$135.70
1	REAR NUMBER PLATE <i>- 167</i>			\$25.00
1	REAR NUMBER PLATE CASING <i>- 167</i>			\$30.00
				\$190.70
Labour Charge				200
1	Panel Beating			\$500.00
1	Spray Painting Charge			\$400.00
1	Wiring Charge			X \$50.00
1	Tuff Kote			X \$50.00
1	Remove/refix reverse sensor			X \$100.00
TOTAL LABOUR				\$1,100.00
ESTIMATE TOTAL				\$2,985.74
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

Larry Ng

Kahin (UK)
28/6/19 1620h.
2 G,
PIP
After Repair plate



Our Job Ref No : 305307261
Date : 3. Jul. 2019

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD7307D

Date of Accident: 28. 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 SLK5273X
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$410.50
 - (b) Labour Charges \$400.00
 - Total for Part-By-Part Repair Cost** \$810.50
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
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 : [Signature]
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : [Signature]
Name : Kahn
Date : 3/7/19

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:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 02.07.2019
Time: 17:30:19
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305307261
REGN NO : SHD7307D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 04.12.2018
DATE/TIME IN : 28.06.2019 11:55
ACCIDENT DATE : 28.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G IONIQV2 MOULDING ASSY-RR 1 451.25 20.00 361.00
0002 FNPS NO PLATE(S) & CASING 1 N 55.00 10.00 49.50

SUB-TOTAL : 410.50

JOB NATURE

0000 PB PANEL BEATING 200.00
0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 810.50

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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/INC19011570/K1td3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 04-07-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLK 5273X	Veh. Inspected	SHD 7307D
Policy No.	5102020267	Coverage (\$)	0.00
Claim No.	MT/1051166-002	Excess (\$)	0.00
Assign From		Assign Date	28/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU122018	Colour	BLUE
Odometer	78386	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	MICHELIN	7 mm
L/H Front Tyre	195/65R15	MICHELIN	7 mm
R/H Rear Tyre	195/65R15	MICHELIN	7 mm
L/H Rear Tyre	195/65R15	MICHELIN	7 mm

4. Description of Damages

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

5. General Information

Accident Date	28/06/2019	Inspection Date	28/06/2019
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
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**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 7307D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR BUMPER CENTRE MOULDING ASSY	DEFORMED	451.25	451.25
1	REAR BUMPER LOER CENTRE MOLDING ASSY	SERVICEABLE	270.10	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	294.80	-
2	REAR BUMPER REINFORCEMENT BRK-RH/LH @\$138.10	SERVICEABLE	276.20	-
2	REAR BUMPER SIDE BRK-RH/LH @\$33.10	SERVICEABLE	66.20	-
1	REAR BUMPER STAY	SERVICEABLE	138.10	-
10	REAR BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	REAR BUMPER UNDER CENTRE	SERVICEABLE	53.85	-
2	REAR BUMPER SIDE UNDER-RH/LH @\$27.50	SERVICEABLE	55.00	-
1	REAR BUMPER REFLECTOR-RH	SERVICEABLE	31.90	-
	LESS 20% DISCOUNT		-423.76	-90.25
			1,695.04	361.00
<u>NETT ITEMS</u>				
1	REVERSE SENSOR (N)	SERVICEABLE	135.70	-
1	REAR NUMBER PLATE (N)	CRACKED	25.00	25.00
1	REAR NUMBER PLATE CASING (N)	CUT	30.00	30.00
	LESS 10% DISCOUNT		-	-5.50
			190.70	49.50
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		500.00	200.00
	SPRAY PAINTING CHARGE.		400.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	100.00	-
			1,100.00	400.00
GRAND TOTAL			2,985.74	810.50

Report Ref No. NS/INC19011570/K1td3s2

RECOMMENDED COST OF REPAIRS (CONFIRMED)			810.50
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Report Ref No. NS/INC19011570/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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.