

Surveyor: Kalvin

REF:

NS/INC19011573/KWD302

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: YN 75910

Policy No. 510703036 (06/02/2019 -)

Claims No. MT/1051124-002

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: _____ 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:

SHC3728D

Yr Regn:

14 Aug 2014

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

Truck / Trailer or

Make:

Hyundai 240

C.C.

1685

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

568289

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHCBK16ME4057708

Gen. Cond: Good / 6 / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

W4116

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

28/6/19

D.O.I.

28/6/19

Survey held at

CPGE (Loyang)

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

Ru

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

Date / Time	Action / Instruction
	SHC 3728 D-CC3/AIG12000988/H1sly D.O.A. 11/01/2012
	YN 75910 : X
4/7/19	Contract 4/5 \$950/2 Pys. (Red 800.40, 460)

RECEIVED 05 JUL 2019

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) SLT + typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

\$ + RS. \$

Photos

TP
4/5 950/2

160

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Friday, 5 July 2019 10:41 AM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CALIM NUMBER

Hi,

Claims created.

With Regards

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



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

in with you

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Thursday, 4 July 2019 9:59 AM
To: MTCL@income.com.sg
Subject: REQUEST CALIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 4/7/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1051991-002	Comfort transportation	SHD 3535M	FBE 9071K	27/6/2019	13:40	4854.63	4743.43
2	MT/1051124-002	Comfort transportation	SHC 3728D	YN 7591U	28/6/2019	10:55	1752.40	950

Best Regards,

Denise Tay | Case Handler

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"/>	5107030361		LIM BROTHERS FRUIT WHOLESALE	341988003	GFT	Comprehensive	YN7591U	YN7591U	06/02/2019	

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	28/06/2019 13:59
Date Of Accident	28/06/2019 10:55
Exact Location Of Accident	ALONG DELTA RD BEFORE JERVOIS RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3728D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	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	WONG KOK HONG
NRIC No	S6838124Z
Date Of Birth	01/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1992
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82283729
Fax Number	
Contact Number	
EMail Address	ALSW8945@GMAIL.COM

Address	BLK 573B WOODLANDS DRIVE 16 #03-654
Postcode	732573
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO 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	YN7591U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOK PHAK CHONG
NRIC/Passport Number	S0242109G
Contact Number	97772995
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
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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/mali packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Olivia Wendy
NRIC/FIN No.: 28 JUN 2019

GIARMC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN

A = SHC 3728D

B = YN7591U
(Isuzu)

JERVOIS RD

ESCO

DELTA RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Taxi was stationary at the T-junction between Delta Road and Jervois Road. It was on red at the traffic light when the lorry YN7591U suddenly hit my back of the taxi with a strong impact. I was breathless and shocked for a short while before I regain back my senses.

DECLARATION

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

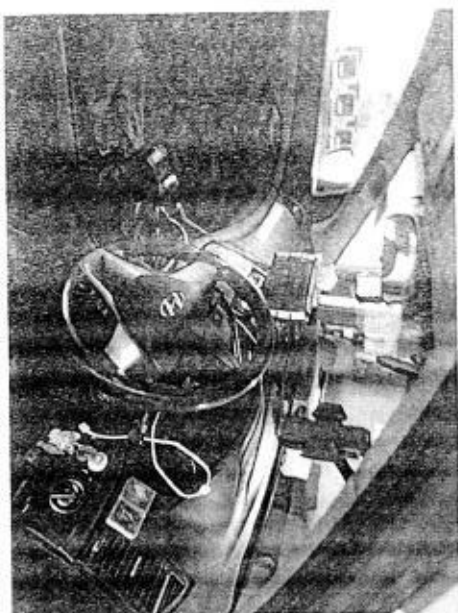
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

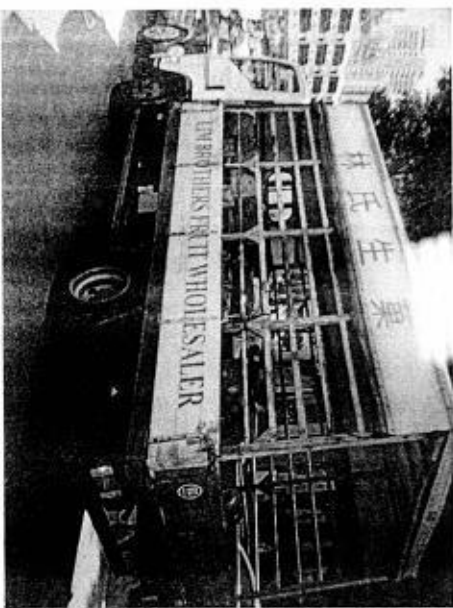
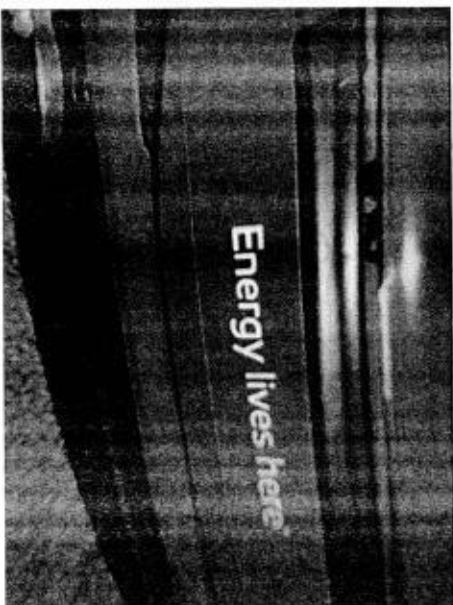
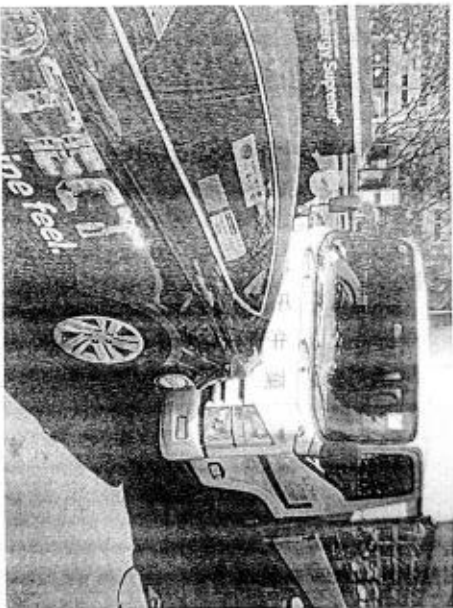
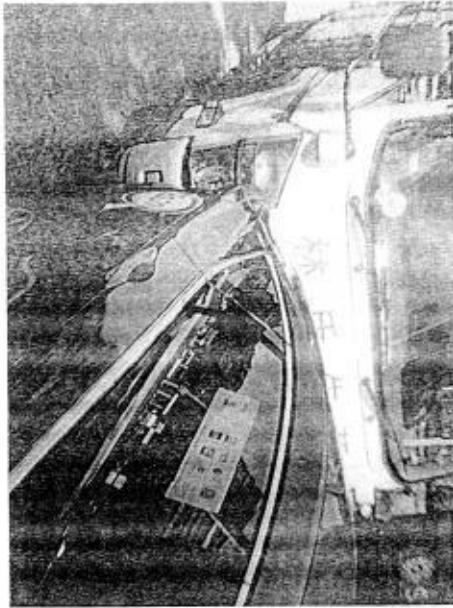
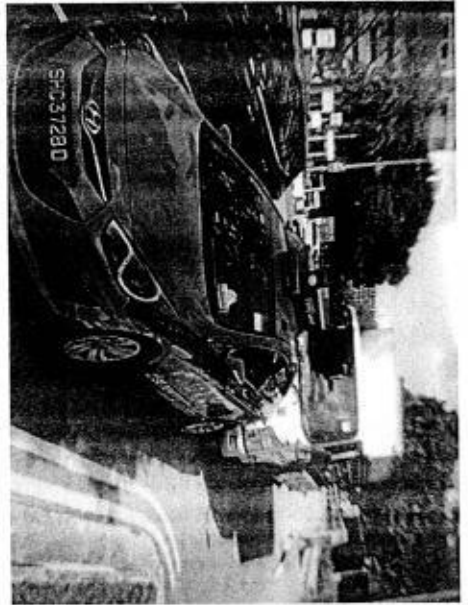
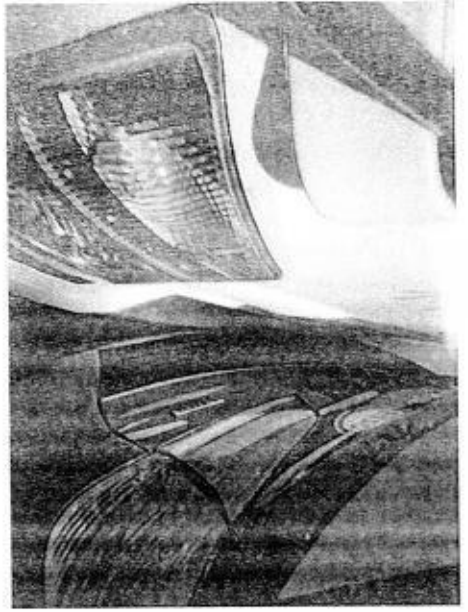
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/06/19

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 28 JUN 2019





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3728D

DATE 28/6/2019 15:30

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Subtotal</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>see</i>			\$ 22.00	
	Rear Bumper Under Cover <i>see</i>			\$ 228.00	
	SUB TOTAL			\$ 803.00	
	LESS 20%			\$ 160.60	
	DISCOUNTED TOTAL			\$ 642.40	
	Rear Bumper Rubber Mat <i>see</i>			\$ 50.00	Nett
	Rear Bumper Advertisement Logo <i>see</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>see</i>		\$ 100.00	\$ 200.00	Nett
				\$ 300.00	
	Labour Charge				
	Panel Beating			\$ 400.00 <i>200</i>	
	Spray Painting Charge			\$ 300.00 <i>200</i>	
	Wiring Charge			\$ 30.00 <i>10</i>	
	Remove/Refix Reverse Sensor			\$ 80.00 <i>30</i>	
	TOTAL LABOUR			\$ 810.00	
	ESTIMATE TOTAL			\$ 1,752.40	
<p><i>Kahin (U/C)</i></p> <p><i>28/6/19 1535h</i></p> <p><i>2 by</i></p> <p><i>4/5</i></p> <p><i>Alfa Repur p llo</i></p> <div data-bbox="853 1400 1460 1937" data-label="Text"> <p>the Rep...</p> <ul style="list-style-type: none"> • To ensure... • To display... • Parts... • Third party... • No illegal... • Supplementary... • is subject to... <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>					
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.					

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305307205

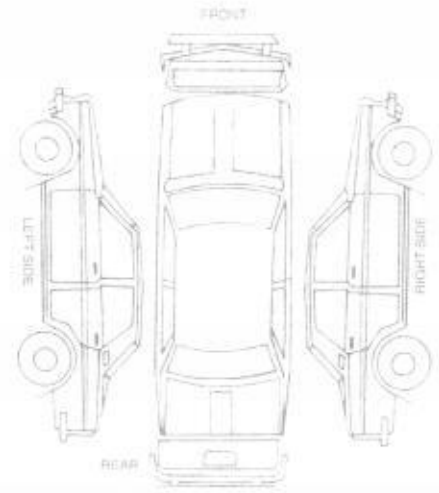
CUSTOMER		REGN NO:	SHC3728D	MILEAGE
JR/MS	COMFORT TRANSPORTATION PTE LTD	MAKE:	HYUNDAI	FUEL
CUSTOMER NO.	7010045	MODEL	I-40	E 1/2 F
ADDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU	14.08.2014	DATE/TIME IN 28.06.2019 12:05
EL: (R) (P)	65508755	CHASSIS CODE	KMHLB41UMEU057708	TARGET DATE
DISCOUNT CARD NO.		COMPLETION DATE/TIME		

JOB DESCRIPTION

Accident Date: 28.06.2019

NATURE: 3P 28.06.2019

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

id:

dd:

Vehicle No.:

SHC3728D

CHIANG

SHC3728D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO
ENGINEERING

Our Job Ref No : 305307207

Date : 03/07/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC3728D

28/06/2019

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

Z The repair job shall bill to: NTUC YN7591U

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:		
	Final Lumpsum Repair cost	<u> </u>	<u>\$950.00</u>

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 : CHIANG

Name : Kahin

Tel : 62148314

Date : 4/7/19

Fax : 65468156

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		N		
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/INC19011573/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 09-07-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YN 7591U	Veh. Inspected	SHC 3728D
Policy No.	5107030361	Coverage (\$)	0.00
Claim No.	MT/1051124-002	Excess (\$)	0.00
Assign From		Assign Date	28/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU057708	Colour	BLUE
Odometer	568789	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 REAR 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
-------------------------------------	----------------



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 3728D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
	LESS 20% DISCOUNT		-160.60	-115.00
			642.40	460.00
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
LABOUR				
	PANEL BEATING.	NOT NECESSARY	400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			810.00	430.00
GRAND TOTAL			1,752.40	1,190.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				950.00

Report Ref No. NS/INC19011573/K1vd3n2

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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