

Surveyor: Kalvin

REF: NS/INC 19013618 / K19A302

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: SJN 2746B

Policy No: 5107286569 (31/01/2019 - 10/02/2020)

Claims No: MT/1056228-002

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 3842B Yr Regn: 11 Dec 2018

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

Truck / Trailer or

Make: Hyundai Tucson C.C. 1580

Colour: Blue A/C: Insu ✓ / Std / NI / NA

Sp. Reading: 54967 T/Radio: Insu ✓ / Std / NI / NA

Eng/No: _____

C/No: KMH L85 / CVK 41223 3x

Gen. Cond: Good / ✓ / Poor / Burnt

Steering: Inorder / ✓ / Jammed / Leaked / Burnt or

Brake: Inorder / ✓ / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD ✓ / Rim or

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / ✓ / MIO / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

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

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

D.O.A. 1/8/19 D.O.I. 2/8/19

Survey held at CPGE (Loyens)

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

Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time | Action / Instruction

SHD 3842B - MBA / INC 19013618 / Y ROA - 01/03/2019 INC

SJN 2746B - MBA / INC 19013618 / Y ROA - 01/03/2019 PIP

7/8/19 Contract PIP \$1046.34 / 29, Cred to 1142.40, 52/10

RECEIVED 13 AUG 2019

Date/Time, File Pass to? : Preli. Report

1) 02/8/19 Kalvin : Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

Add Fee: Site Insp \$ _____

____ \$ + RS. \$ 160

Shiau Chan (LKKAuto)

From: MTCL@income.com.sg
Sent: Wednesday, 7 August 2019 1:56 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: Wednesday, 7 August 2019 11:13 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 : 07/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D:
1	MT/1056228- 002	COMFORT TRANSPORTATION PTE LTD	SHD 3842B	SJN 2746B	

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)

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107286569		BARTHOLOMEW TAN BOHAO	S9014372G	GPC	drive CLASSIC	SJN2746B	SJN2746B	31/01/2019	10/02/2020

Continue

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	02/08/2019 08:59
Date Of Accident	01/08/2019 17:50
Exact Location Of Accident	SLE (WOODLANDS) B4 MANDAI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3842B
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	LIM CHOR CHAI
NRIC No	S1414837Z
Date Of Birth	18/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1981
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97252575
Fax Number	
Contact Number	
EMail Address	CTWTEX@SINGNET.COM.SG

Address	481 ANG MO KIO AVENUE 2
Postcode	567896
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
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

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	SJN2746B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BART
NRIC/Passport Number	
Contact Number	92316959
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

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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/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.

COMFORT 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.:

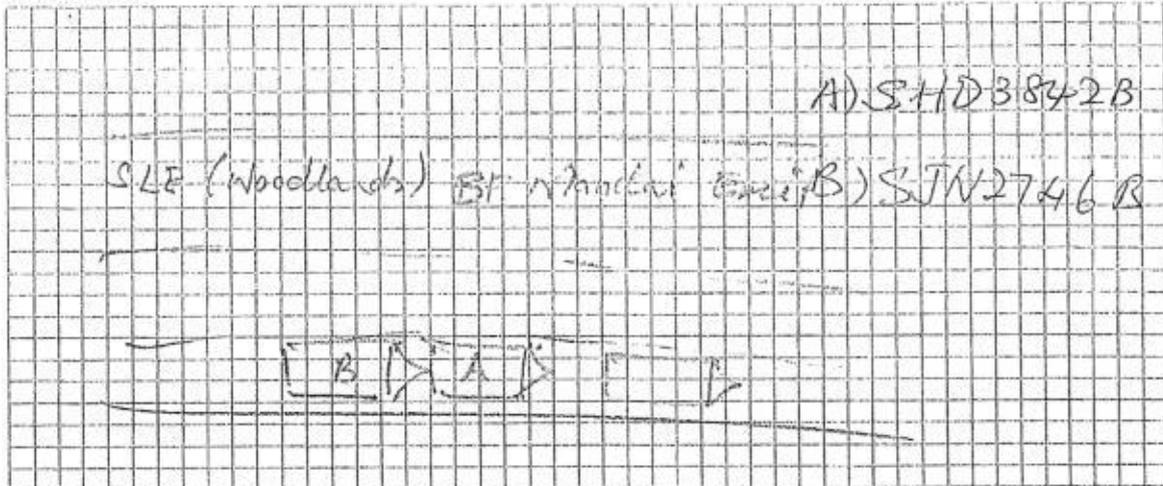
GIA/BMC SketchPlanForm_V3

4-1
0-1



2/8/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/8/19 at about 1750hrs when I Veh A stopped because other vehicles in front stopped, Veh B collided onto the rear of my stationary vehicle.

DECLARATION

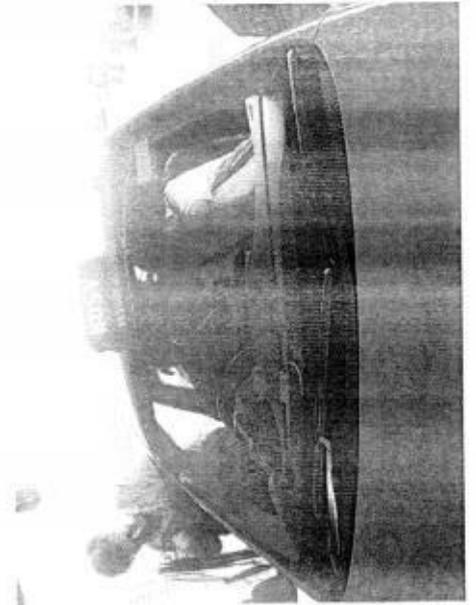
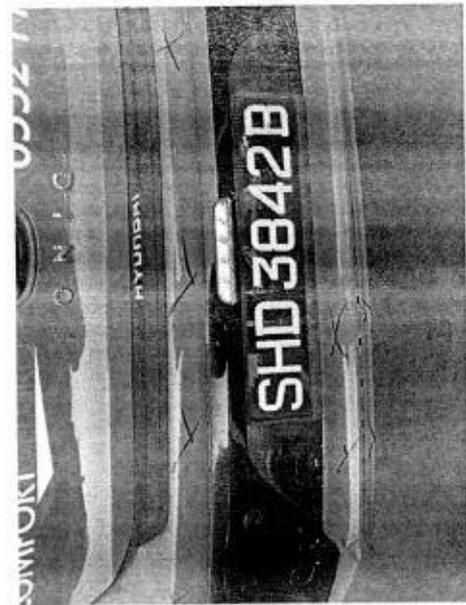
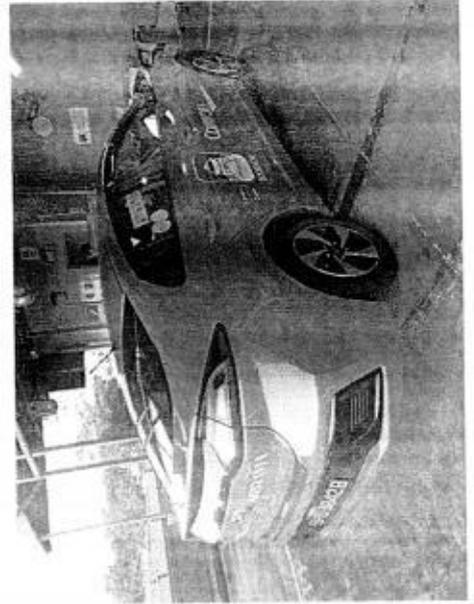
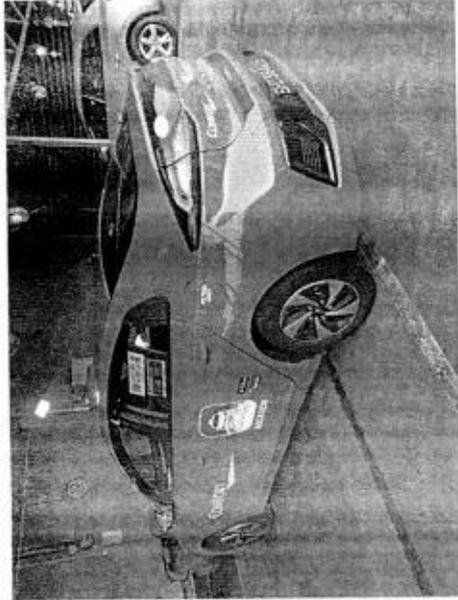
I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

[Signature]
MOHD SO
2/8/19



COMFORT DELTA

Date/Time: 02.08.2019 10:40 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305321953

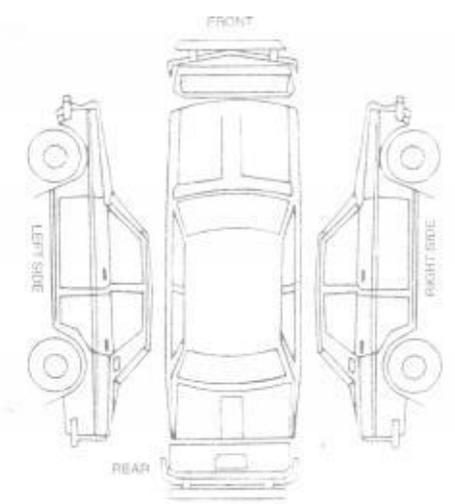
CUSTOMER ✓ R/MS CUSTOMER NO. ADDRESS L (R) (P) SCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO: SHD3842B MAKE: HYUNDAI MODEL: IONIQ(G2) YR OF MANU: 11.12.2018 CHASSIS CODE: KMHC851CVKU122334	MILEAGE FUEL E.....1/2.....F DATE/TIME IN: 02.08.2019 08:20 TARGET DATE COMPLETION DATE/TIME:
	VARS (O)	(B)	

JOB DESCRIPTION

Accident Date: 01.08.2019
 NATURE: 3P 01.08.2019

S/NO LABOR CODE DESCRIPTION

NTUC - floor
 Ltk/Kalwi -



CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHD3842B LARRY

Name of Service Advisor: Larry Ng Signature/Date: _____

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3842B

Name of Service Advisor: _____ Date: _____

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD3842B

DATE: 2. Aug. 2019

MAKE : HYUNDAI

MODEL : IONIQ

DOA: 1. Aug. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER <i>X m</i>			\$459.40
1	REAR BUMPER CENTRE MOLDING ASSY <i>— m</i>			\$451.25
1	REAR BUMPER LOWER CENTRE MOLDING ASSY <i>X m</i>			\$270.10
1	REAR BUMPER REINFORCEMENT <i>2 m</i>			\$294.80
10	REAR BUMPER CLIPS <i>X m</i>		\$2.20	\$22.00
SUB TOTAL				\$1,497.55
LESS 20%				\$299.51
DISCOUNTED TOTAL				\$1,198.04
1	REVERSE SENSOR <i>X m</i>			\$135.70
1	REAR NUMBER PLATE <i>— m</i>			\$25.00
1	REAR NUMBER PLATE CASING <i>— m</i>			\$30.00
\$190.70				Nett
Labour Charge				
1	Panel Beating			200 \$300.00
1	Spray Painting Charge			200 \$300.00
1	Wiring Charge			X \$50.00
1	Tuff Kote			X \$80.00
1	Remove/refix reverse sensor			X \$100.00
TOTAL LABOUR				\$800.00
ESTIMATE TOTAL				\$2,188.74

Nett
Nett
Nett

notify
...
... survey
...
... basis
... and
... Company

Kahin (llw)
Larry Ng
2/8/19 1105h
2 Aug.
P.P
Atta *Boyer* *p ll*

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.

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

JOB NO : 305321953
 REGN NO : SHD3842B
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 11.12.2018
 DATE/TIME IN : 02.08.2019 08:20
 ACCIDENT DATE : 01.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 FNPS	NO PLATE(S) & CASING	1 N	55.00	10.00	49.50
0002 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25	20.00	361.00
0003 04-01-0104-2288-G	IONIQ BEAM-RR BUMPER	1	294.80	20.00	235.84

SUB-TOTAL : 646.34

JOB NATURE

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

SUB-TOTAL : 400.00

TOTAL : 1,046.34

 MVA NAME & SIGNATURE
 DATE :

 SURVEYOR NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305321953

Date : 5. Aug. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3842B

Date of Accident: 1. Aug. 2019

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

1. The repair job shall bill to: NTUC SJN2746B

2. The finalized amount shall be:

(a) Spare Parts after List discount \$646.34

(b) Labour Charges \$400.00

Total for Part-By-Part Repair Cost \$1,046.34

(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 : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 7/8/19

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	\$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/INC19013618/K1qf3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 14-08-2019
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJN 2746B	Veh. Inspected	SHD 3842B
Policy No.	5107286569	Coverage (\$)	0.00
Claim No.	MT/1056228-002	Excess (\$)	0.00
Assign From		Assign Date	02/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU122334	Colour	BLUE
Odometer	54907	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

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

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	01/08/2019	Inspection Date	02/08/2019
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 3842B

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 MOLDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOLDING ASSY	TO REPAIR SEE LABOUR	270.10	-
1	REAR BUMPER REINFORCEMENT	CRACKED	294.80	294.80
10	REAR BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-299.51	-149.21
			1,198.04	596.84
<u>NETT ITEMS</u>				
1	REAR NUMBER PLATE (N)	CRACKED	25.00	25.00
1	REAR NUMBER PLATE CASING (N)	CRACKED	30.00	30.00
	LESS 10% DISCOUNT		-	-5.50
			55.00	49.50
<u>SPECIAL NETT ITEMS</u>				
1	REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR BUMPER LOWER CENTRE MOLDING ASSY.		300.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	100.00	-
			800.00	400.00
GRAND TOTAL			2,188.74	1,046.34
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,046.34

Report Ref No. NS/INC19013618/K1qf3n2

Report Ref No. NS/INC19013618/K1qf3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be 'K.K. LAU'.

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.