

(00/11/3)

Surveyor: Kelvin

REF: NS/INC19013743/K1vf3n2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: 983177YPolicy No. 5105569047 (29/11/2018 - 28/11/2019)Claims No. MT/1056416-002

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: SHA 3679 Y Yr Regn: 23 Apr 2015

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

Truck / Trailer or

Make: Hyundai 240 C.C. 168rColour: Blk A/C: Ins ed / Std / NI / NASp. Reading: 628120 T/Radio: Ins ed / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCBK1UMFY068090

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Max Kaka

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 2/8/19 D.O.I. 5/8/19Survey held at CPGE (Loyang)

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

as with minor.

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

Date / Time	Action / Instruction
	SHA 3679Y - CS / FC 120000009 / T1V03n2 20A-01/01/2018 <u>Inc</u>
	983177Y - X <u>4s.</u>
7/8/19	Contract 454500/1A. (Red 266, 3590)

RECEIVED 08 AUG 2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2 7/8 - typst

Days Of Repair: 1Resurvey No. of Trip: 1Add Fee: ☐ Site Insp

Survey Fee:

Transportation:

13-25 81

160

TP  
45 \$500/2

**Veron Chen (LKKAUTO)**

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**From:** MTCL@income.com.sg  
**Sent:** Wednesday, 7 August 2019 2:27 PM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** FW: REQUEST FOR CLAIM NUMBER

Hi,

All claims created.

Rgds

Samsia

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**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Wednesday, 7 August 2019 10:23 AM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	<b>MT/1056028-002</b>	COMFORT TRANSPORTATION PTE LTD	SHD 4479K	SJP 6211R
2	<b>MT/1056416-002</b>	COMFORT TRANSPORTATION PTE LTD	SHA 3679Y	GBJ 177Y

D.O.A	Time of Accident	Estimate	Tentative repair cost
31/7/2019	20:30	\$2,047.30	\$1,070.05
2/8/2019	23:25	\$766.00	\$500.00

Best Regards,

**Veron Chen** | 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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Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s)

eBaoTech

GeneralClaim

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="02/08/2019 14:06"/>
Vehicle No. (For Motor)	<input type="text" value="GBJ177Y"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105569047		WISESCAN ENGINEERING SERVICES PTE LTD	199201779R	GCV	Comprehensive	GBJ177Y	GBJ177Y	29/11/2018	28/11/2019

## 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	03/08/2019 11:56
Date Of Accident	02/08/2019 23:25
Exact Location Of Accident	KEPPEL ROAD TOWARDS ANSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3679Y
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D-18088936MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHNG KIAN HOE
NRIC No	S1203203Z
Date Of Birth	24/04/1956
Occupation	OUTDOOR
Date Of Driving Pass	14/04/1977
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98347769
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	746 11-28 PASIR RIS STREET 71
Postcode	510746
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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	GBJ177Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT
No. Of Passenger (Including Driver)	

SKETCH PLAN

$$\Delta = \Sigma HA 36794$$

3 = GBJ 17F46  
(FOYOTA)  
DINA

(CONSTRUCTION)  
SITE

ANSWER RD

↑ ↑ ↓

KEPPEL RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

## DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

Policyholder's Signature \_\_\_\_\_ CO REG NO. 199503821R

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Olivia Wendy

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

2017年12月31日 00:00 00:00 00:00 00:00

Describe Circumstances of the Accident.

On the 02/08/2019 @ about 23:25hrs, I was driving along Keppel Road towards Anson Road direction.

As I was driving suddenly the Lorry of GBJ177Y drive out from the construction site road and I was trying to avoid the collision by swerved left. However the Lorry right front hit onto my left wing mirror.

No passenger on board my taxi. No injury at the point of accident.

**Declaration**

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

COMFORT TRANSPORTATION PTE. LTD.

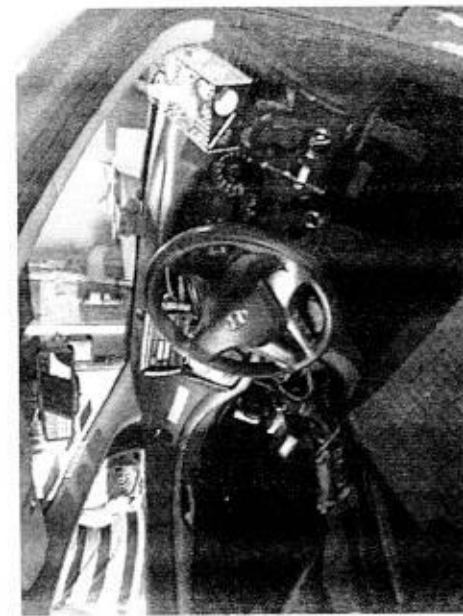
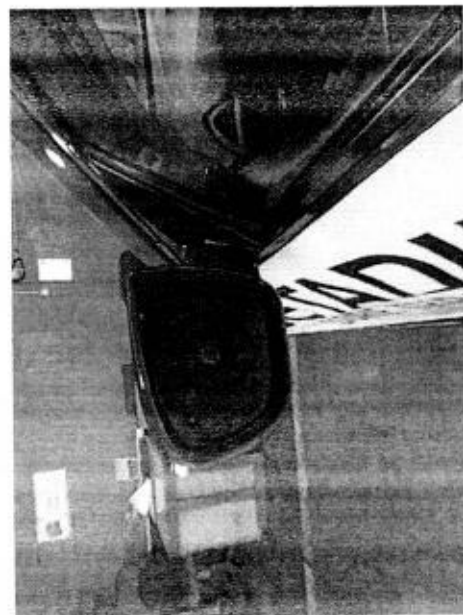
CO. REG. NO. 189003071R  
Policyholder's Signature/Date &  
Time

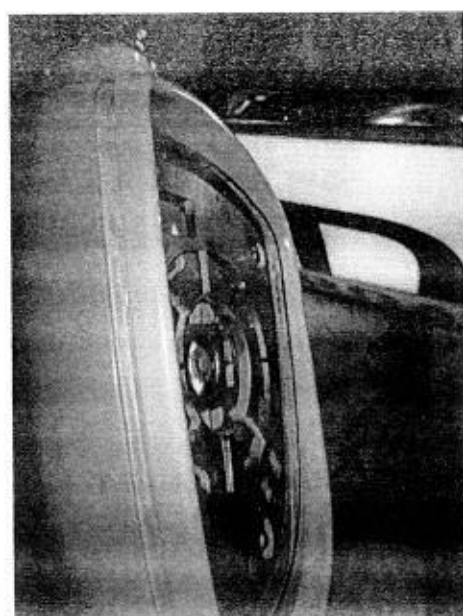
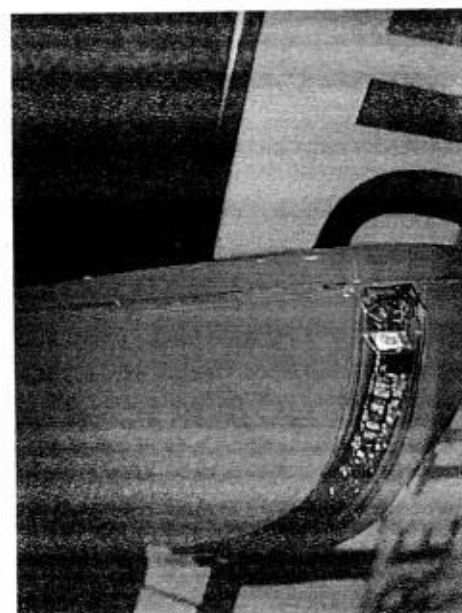
Driver's Signature (If driver is not the policyholder) / Date  
& Time

Orvia Wong

Witnessed by Reporting  
Centre Personnel

03 AUG 2019





COMFORT

DATE: 02.08.2019 12:30

PAGE: 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305322292

CUSTOMER  
COMFORT TRANSPORTATION PTE LTD  
7010045  
CUSTOMER NO:  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

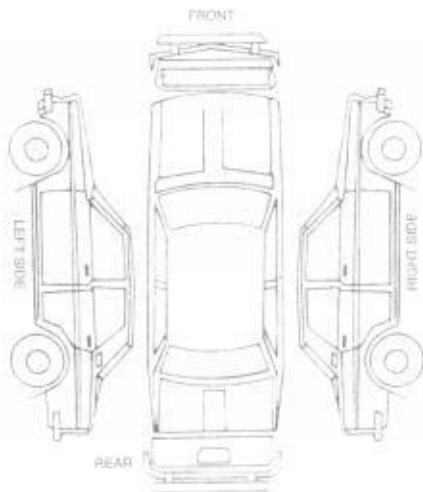
REGN NO:	SHA3679Y	MILEAGE
MAKE:	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 03.08.2019 10:40
YR OF MANU	23.04.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMFU068090	COMPLETION DATE/TIME:

SCOUT CARD NO.

JOB DESCRIPTION

Accident Date: 02.08.2019  
NATURE: 3P 02.08.19

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA3679Y                      CHIANG

Vehicle No.: SHA3679Y

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHA 3679Y

DATE 5/8/2019 11:08

MAKE :

MODEL : HYUNDAI i40

Chiang

Ahu

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Mirror (LH) <i>✓</i>			\$ 670.00
	SUB TOTAL			\$ 670.00
	LESS 20%			\$ 134.00
	DISCOUNTED TOTAL			\$ 536.00
	Labour Charge			
	Panel Beating			\$ <del>100.00</del> <sup>50</sup>
	Spray Painting Charge			\$ <del>100.00</del> <sup>50</sup>
	Wiring Charge			\$ <del>30.00</del> <sup>20</sup>
	TOTAL LABOUR			\$ 230.00
	ESTIMATE TOTAL			\$ 766.00
<p><i>Ka hua 10/11/19</i></p> <p><i>✓ 5/8/19 11:08</i></p> <p><i>1 by</i></p> <p><i>L/S</i></p> <p><i>After Repair</i></p>				
<div> <p>LKK Auto Consultation is a member of the Registrar of the following:</p> <ul style="list-style-type: none"> <li>To resolve disputes between customers and repairers</li> <li>To display damaged parts being repaired</li> <li>Parts prices are subject to market fluctuations</li> <li>Third party surveyors are engaged on a case by case basis</li> <li>No illegal modification of vehicle parts</li> <li>Settlements are subject to insurance company and insurance policy</li> </ul> <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.				

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305322292  
Date : 06/08/19

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHA3679Y  
Fax : 02/08/19

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


- 2 The repair job shall bill to: NTUC GBJ177Y
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: \$500.00  
**Final Lumpsum Repair cost**


3. Estimated normal period for repairs: 1 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 : CHIANG  
Tel : 62148314  
Fax : 65468156

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		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/INC19013743/K1vf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-08-2019  
189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBJ 177Y	Veh. Inspected	SHA 3679Y
Policy No.	5105569047	Coverage (\$)	0.00
Claim No.	MT/1056416-002	Excess (\$)	0.00
Assign From		Assign Date	05/08/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068090	Colour	BLUE
Odometer	628120	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S WING MIRROR. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	02/08/2019	Inspection Date	05/08/2019
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	1 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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3679Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<b><u>REPLACEMENT OF PARTS</u></b>	CRACKED		
	FRONT DOOR MIRROR (LH)		670.00	670.00
	LESS 20% DISCOUNT		-134.00	-134.00
			536.00	536.00
	<b><u>LABOUR</u></b>	NOT NECESSARY		
	PANEL BEATING.		100.00	50.00
	SPRAY PAINTING CHARGE.		100.00	50.00
	WIRING CHARGE.		30.00	-
			230.00	100.00
<b>GRAND TOTAL</b>			<b>766.00</b>	<b>636.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>500.00</b>

Report Ref No. NS/INC19013743/K1vf3n2

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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