

103/11/31

Surveyor: Kelvin

REF: NS/NC 19014105/klvf352

## 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: SKG 9891T

Policy No. 5102441348 (19/07/2018-12/09/2019)

Claims No. MT/1057826-001

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: SHC 8949A Yr Reg: 14 Apr 2016

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

Truck / Trailer or

Make: Hyundai Z40 C.C. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 537144 T/Radio: Insured / Std / NI / NA

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

C/No: KMHLB414464087649

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 Hankook

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

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

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

D.O.A. 8/8/9 D.O.I. 13/8/19

Survey held at CDE (Loyang)

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

n/s wing mm

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

Date / Time	Action / Instruction
14/8/19	Labour 45 \$500 / 1 Day. (Red 336, 337) INC
	SHC 8949A - CS/GAI 12013999 / klvd312 D.O.A - 29/07/2018 45
	SKG 9891T - CS/SMD 16016605 / klvd312 Rep - 20/08/2018
RECEIVED 15 AUG 2019	

Date/Time, File Pass to? ☐ : Preli. Report1) ☐ : Final Report

Date/Time, File Return to?

15/8 - typist

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - AS - 31

Add Fee: ☐ : S/S - 31

## Veron Chen (LKKAUTO)

**From:** MTCL@income.com.sg  
**Sent:** Thursday, 15 August 2019 2:50 PM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** RE: REQUEST FOR CLAIM NUMBER

Hi,

Claims created.

Thank you.

With Regards

*Junainah*

Senior Admin Assistant  
Motor Insurance  
[www.income.com.sg](http://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](http://Income.com.sg/careers)**

**in** with you

**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Thursday, 15 August 2019 10:24 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/1057826-001</b>	COMFORT TRANSPORTATION PTE LTD	SHC 8949A	SKG 98917
2	<b>MT/1056953-002</b>	COMFORT TRANSPORTATION PTE LTD	SHA 3859U	SMJ 4873F

D.O.A	Time of Accident	Estimate	Tentative repair cost
8/8/2019	16:15	\$736.00	\$500.00
6/8/2019	21:10	\$1,713.32	\$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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This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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="08/08/2019 14:22"/>							
Vehicle No.(For Motor)	<input type="text" value="SKG9891T"/>	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 checked="" type="radio"/>	5102447348		LIM KEE CHING	S1450075H	GPC	drive CLASSIC	SKG9891T	SKG9891T	19/07/2018	12/09/2019
<input type="button" value="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	10/08/2019 07:32
Date Of Accident	08/08/2019 16:15
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8949A
<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

### 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	TAI LIP JIUN
NRIC No	S1749305A
Date Of Birth	23/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	02/01/1987
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91005193
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	272 #03-472 PASIR RIS STREET 21
Postcode	510272
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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	SKG9891T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT WING MIRROR

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN

Handwritten notes on the sketch plan grid:

- Top left: A = PAC 8949
- Top right: TUAS
- Middle left: B = SKG 9891T (TOYOTA)
- Middle right: A small drawing of a car with 'B' and 'A' inside.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note: Statements as per attached.

## DECLARATION

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

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

Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

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

Olivia Wendy

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



Describe Circumstances of the Accident.

On the 08/08/2019 at about 16:15hrs, I was driving along PIE towards Tuas direction with 01 male passenger.

As I was driving suddenly a vehicle of SKG9891T encroached onto my lane and hit onto my left wing mirror.

No injury at the point of accident.

## Declaration

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

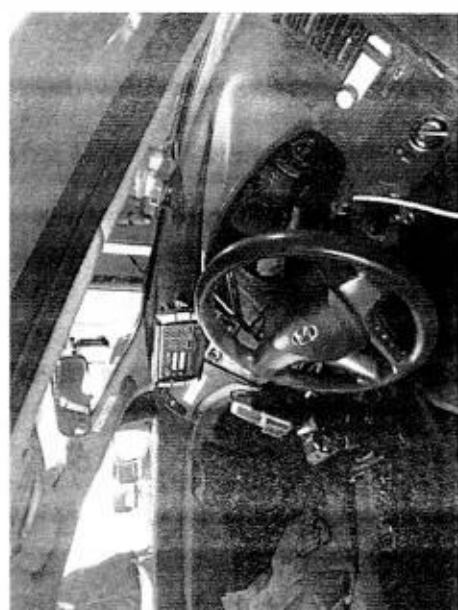
IMPORT TRANSPORTATION PTE LTD  
CO REG. NO. 199303821R

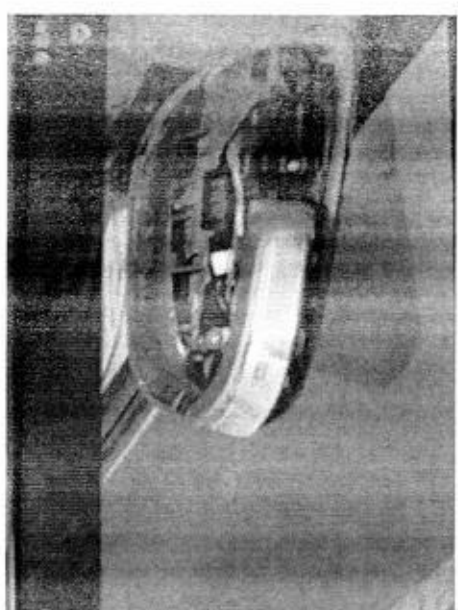
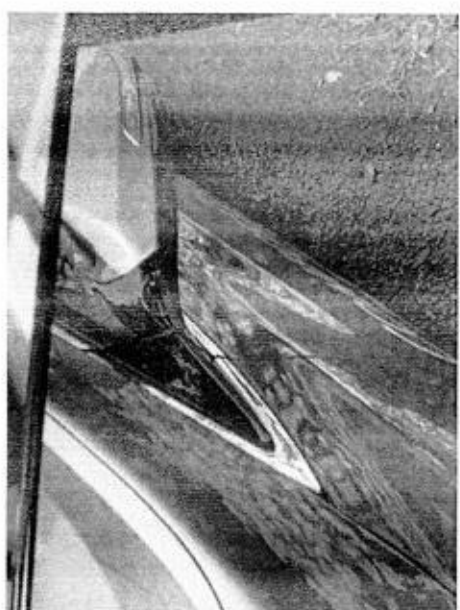
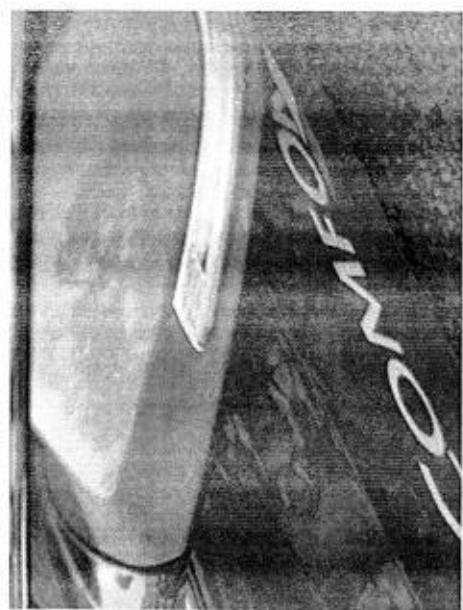
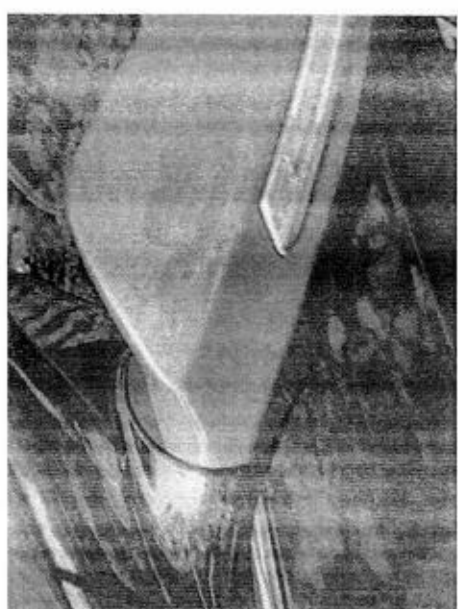
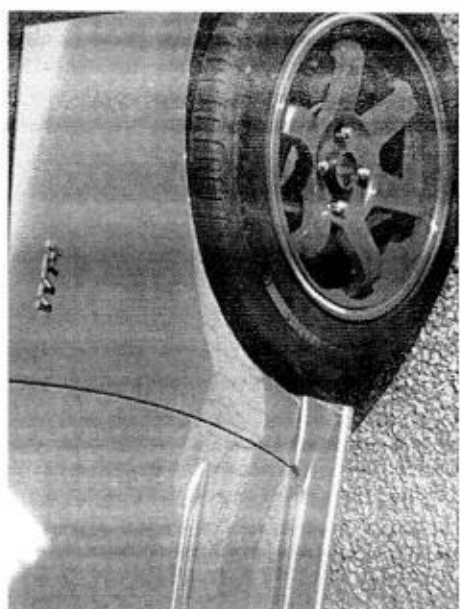
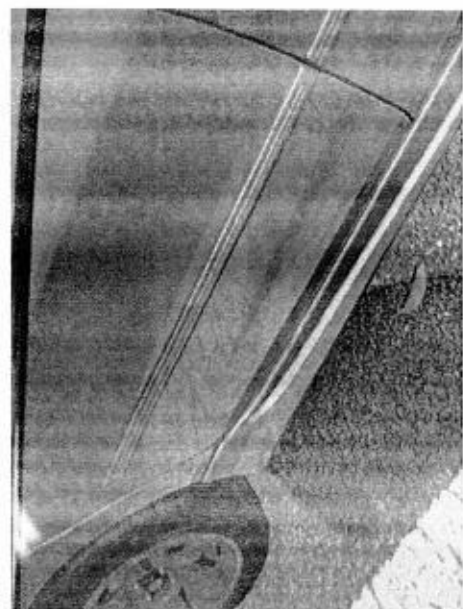
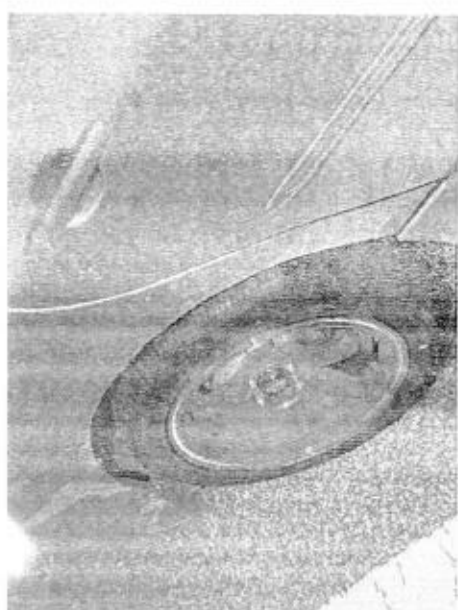
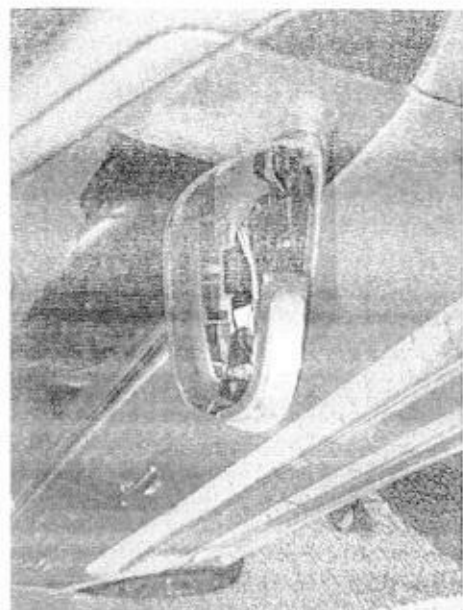
Policyholder's Signature/Date &  
Time

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

Olivia Weng

Witnessed by Reporting  
Centre Personnel





COMFORT DELGRO

DATE TIME: 10 08 2019 17 08 Page: 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO: 305323659

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

/MS

CUSTOMER NO.

ADDRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(C)

(R)

(P)

COUNT CARD NO.

REGN NO:

SHC8949A

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

08.08.2019 16:55

YR OF MANU

14.04.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU087649

COMPLETION DATE/TIME

## JOB DESCRIPTION

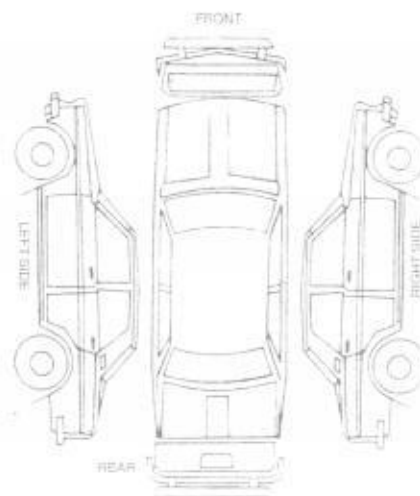
Accident Date: 08.08.2019

NATURE: 3P 08.08.19

S/NO

LABOR CODE

DESCRIPTION



CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass:

9:

0:

File No.:

SHC8949A

JU NTUC LKK

Vehicle No.:

SHC8949A

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 PTE LTD

## REPAIR ESTIMATE

Date: 10.08.2019

Time: 09:17:15

Page: 1

NHLG- Jia  
Liam

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

JOB NO : 305323659  
REGN NO : SHC8949A  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 14.04.2016  
DATE/TIME IN : 08.08.2019 16:55  
ACCIDENT DATE : 08.08.2019

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0600-G I40VC MIRROR ASSY-O/S REA 1 670.00 20.00 536.00

SUB-TOTAL : 536.00

## JOB NATURE

0000 PB PANEL BEATING

~~100.00~~ 50

0001 SP SPRAYPAINT CHARGE

~~100.00~~ 50

SUB-TOTAL : 200.00

TOTAL : 736.00

MVA NAME &amp; SIGNATURE

DATE :

SURVEYOR NAME &amp; SIGNATURE

DATE :

AUTHORISED : YES / NO

Kahin 10/8/19

10/8/19

10/8/19

10/8/19

10/8/19

After Repair photo

• This document is subject to the terms and conditions of the contract.  
• Parts prices are subject to change without notice.  
• Third party supply is subject to availability.  
• No illegal modifications are permitted.  
• Supplement is subject to approval.  
Acknowledged:  
Signature:  
Date:

Our Job Ref No 305323659  
Date : 13/08/2019

## COMFORTDELGRO ENGINEERING

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

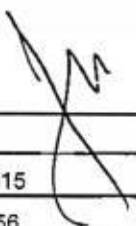
### FINALIZATION FORM


To : LKK Fax :  
Attn : KALVIN  
: SHC8949A Date of Accident : 08/08/19

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

1. The repair job shall bill to: NTUC --- SKG9891T  
###
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) N \_\_\_\_\_
  - Total for Lumpsum repair cost after Less: 20% \$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 : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 14/8/19

### 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/INC19014105/K1vf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 19-08-2019



Code: INC4

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

Insured Veh.	SKG 9891T	Veh. Inspected	SHC 8949A
Policy No.	5102447348	Coverage (\$)	0.00
Claim No.	MT/1057826-001	Excess (\$)	0.00
Assign From		Assign Date	13/08/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087649	Colour	BLUE
Odometer	537944	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	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	08/08/2019	Inspection Date	13/08/2019
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. SHC 8949A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<b>REPLACEMENT OF PARTS</b>	CUT		
	I40VC MIRROR ASSY-O/S REA		670.00	670.00
	LESS 20% DISCOUNT		-134.00	-134.00
			536.00	536.00
	<b>LABOUR</b>			
	PANEL BEATING.		100.00	50.00
	SPRAYPAINT CHARGE.		100.00	50.00
			200.00	100.00
<b>GRAND TOTAL</b>			<b>736.00</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/INC19014105/K1vf3s2

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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