



## 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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**Disclaimer**

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="06/08/2019 14:56"/>
Vehicle No. (For Motor)	<input type="text" value="SMJ4873P"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087272209-03		HUA HONG PTE. LTD.	200900309M	GFT	drive PREMIUM	SMJ4873P	SMJ4873P	07/03/2019	

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	07/08/2019 11:23
Date Of Accident	06/08/2019 21:10
Exact Location Of Accident	HOUGANG AVE 8 NEAR BLK 682
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3859U
<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	WEE TONG KOK
NRIC No	S0142235I
Date Of Birth	02/02/1950
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1970
Driving Experience	49 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93628793
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	488A 12-121 CHOA CHU KANG AVENUE 5
Postcode	681488
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 ON COLLISION
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.

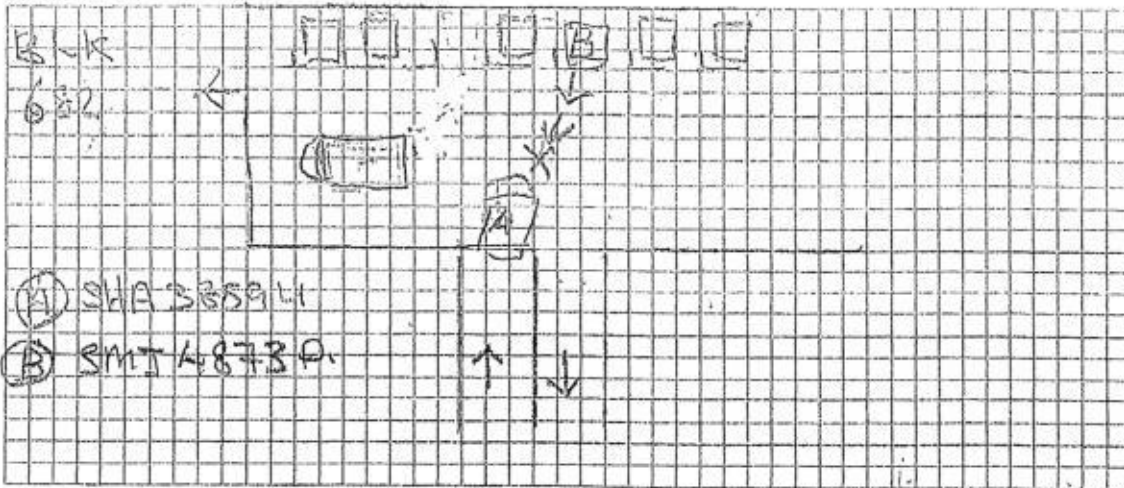
#### Attachment(s)

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	SMJ4873P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMAD ASHICK BIN ABDUL RAHMAN
NRIC/Passport Number	S7437490E
Contact Number	84577105
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/08/2019 at about 2110 hrs, I vehicle A was going into HDB Car park at Honggang ave 8 block 682. while I was at the stop line to give van whom reverse in the park lot. Then I start to move, vehicle B from a park lot who dash out and collided onto vehicle A from position. No one was injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION PTZ L  
CO. REG. NO. 1993038

Policyholder's Signature  
Date & Time:

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

7/8/19  
Jackson Heng  
CSO

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

**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. 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.

COMFORT TRANSPORTATION PTE LTD  
CO REG. NO. 199303821R

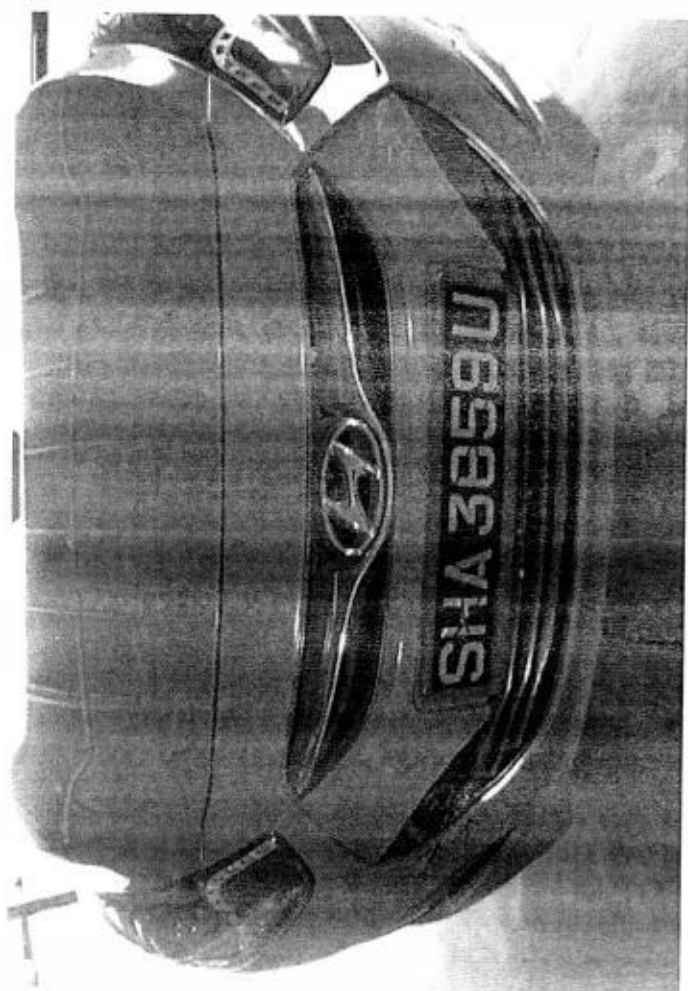
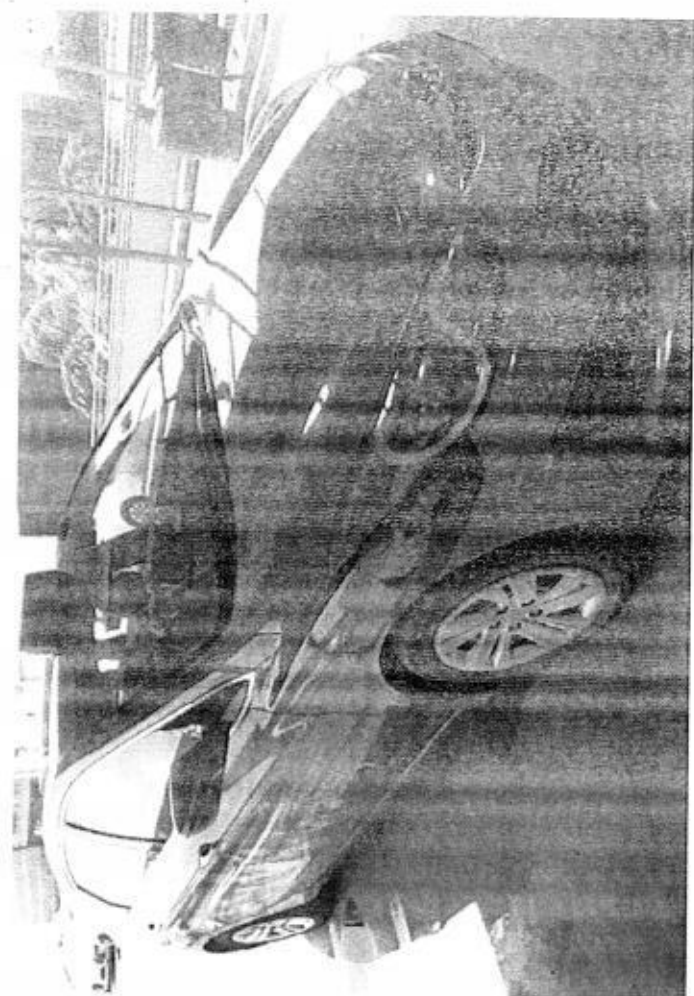
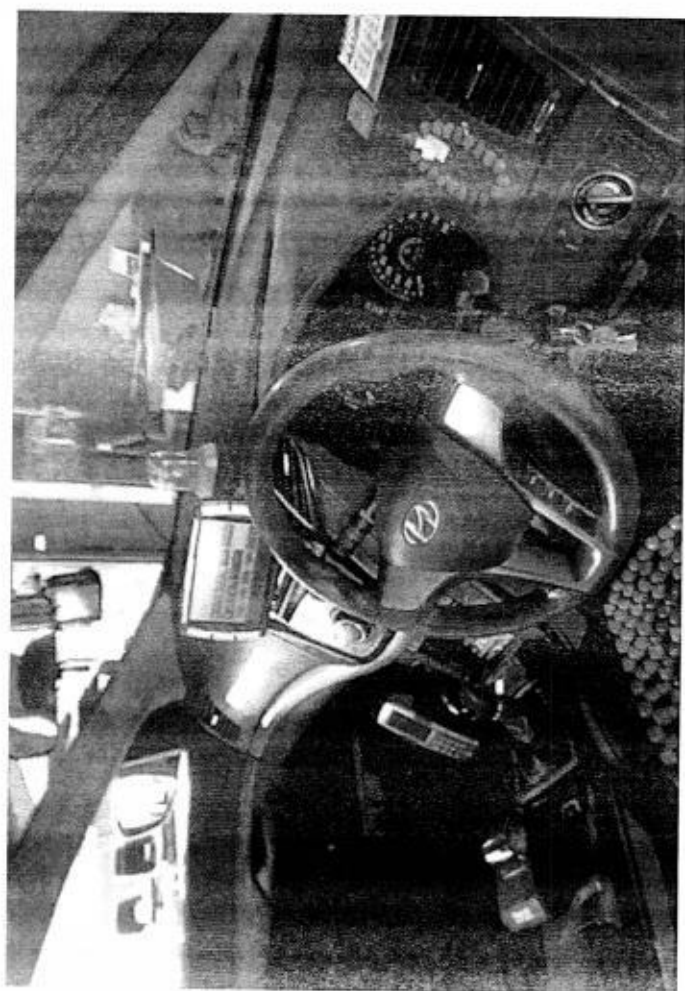
Policyholder's Signature  
Date & Time:

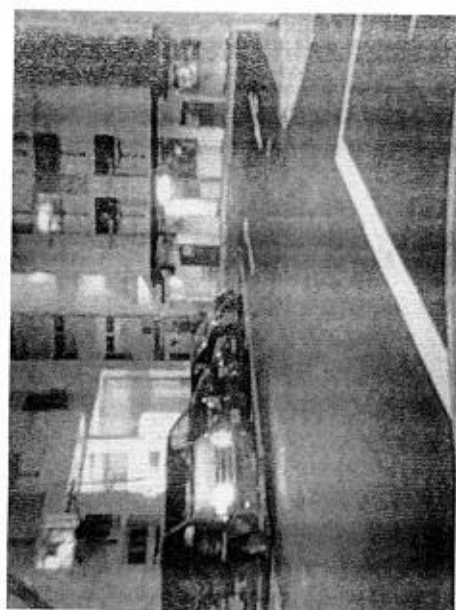
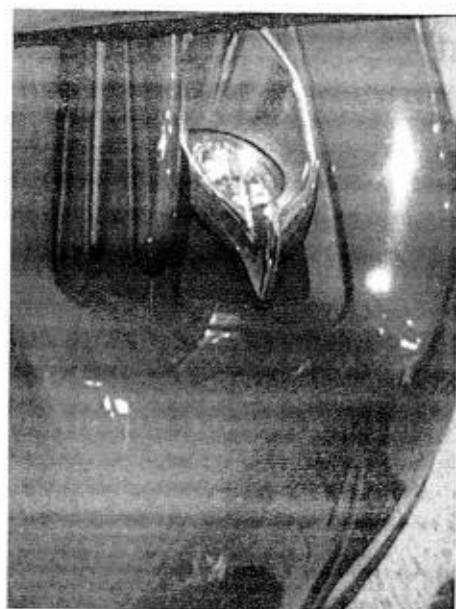
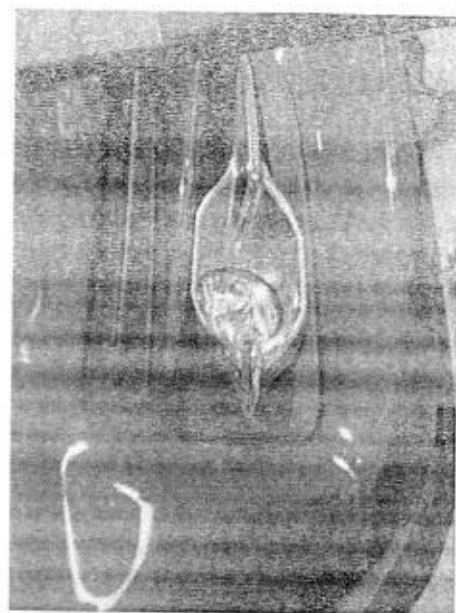
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

7/8/19  
Jackson Henry  
CSO

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







COMFORT

Team: ARC Repair TP(CLS0)1

## JOB CARD

Sales Order:

JC NO.: 305323969

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

VMS

7010045

CUSTOMER NO.

383 SIN MING DRIVE

ADDRESS

Singapore SINGAPORE 575717

65508755

L. (R)

(O)

(P)

3 COUNT CARD NO.

REGN NO.

SHA3859U

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

13.08.2019 10:00

YR OF MANU

31.12.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMFU062595

COMPLETION DATE/TIME

Accident Date: 06.08.2019

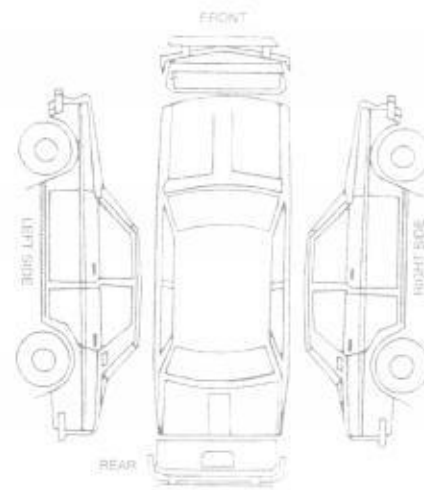
NATURE: 3P 06.08.2019

## JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION



CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

e:

No.:

File No.:

SHA3859U

CHIANG

Vehicle No.:

SHA3859U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHA 3895U

DATE 13/8/2019 11:34

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille <i>X sue</i>			\$ 251.00
	Radiator Grille H Emblem <i>X sue</i>			\$ 27.50
	Front Bumper Cover <i>+ repair</i>			\$ 544.50
	Front Bumper Centre Grille <i>- on</i>			\$ 178.60
	Front Bumper Centre Grille Top Garnish <i>X sue</i>			\$ 80.00
	Front Bumper Bracket Top (LH/RH) <i>X sue</i>	\$	22.40	\$ 44.80
	Front Bumper Bracket (LH/RH) <i>X sue</i>	\$	24.60	\$ 49.20
	<i>Towing fee - on 18.20</i>			
	<b>SUB TOTAL</b>			<b>\$ 1,175.60</b>
	<b>LESS 20%</b>			<b>\$ 235.12</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 940.48</b>
	<i>Front Number plate - on</i>			<i>\$25</i>
	<b>Labour Charge</b>			
	Panel Beating			<i>200</i> \$ <del>400.00</del>
	Spray Painting Charge			\$ <del>300.00</del> <i>200</i>
	<b>TOTAL LABOUR</b>			<b>\$ 700.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,640.48</b>
	<i>1713.32</i>			
	<i>Ka Lin (LKK)</i>			
	<i>13/8/19 144h.</i>			
	<i>2 DYS</i>			
	<i>L/S</i>			
	<i>Ashe Repet + h</i>			
<div> <p>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.</p> </div>				

Our Job Ref No : 305323969  
Date : 14/08/19

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHA3859U

Fax :


06/08/19

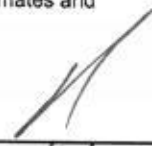
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC SMJ4873P
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 \$500.00

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 : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 15/8/19

### 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:

TYPE OF C: TP

SURVEY B: KALVIN

DATE : 06/08/19

[illegible]





# 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/INC19014111/K1vf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 16-08-2019

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMJ 4873P	Veh. Inspected	SHA 3859U
Policy No.	5087272209-03	Coverage (\$)	0.00
Claim No.	MT/1056953-002	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.	2014
Chassis No.	KMHLB41UMFU062595	Colour	BLUE
Odometer	681663	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 FRONT O/S PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	06/08/2019	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.
--

## 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 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3859U**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	RADIATOR GRILLE	SERVICEABLE	251.00	-
1	RADIATOR GRILLE H EMBLEM	SERVICEABLE	27.50	-
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
1	FRONT BUMPER CENTRE GRILLE	CRACKED	178.60	178.60
1	FRONT BUMPER CENTRE GRILLE TOP GARNISH	SERVICEABLE	80.00	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @ \$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @ \$24.60	SERVICEABLE	49.20	-
1	TOWING COVER	CRACKED	18.20	18.20
1	BUMPER GRILLE RH	CUT	41.60	41.60
	LESS 20% DISCOUNT		-247.08	-47.68
			988.32	190.72
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT NUMBER PLATE (SN)	CRACKED	25.00	25.00
			25.00	25.00
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	400.00
<b>GRAND TOTAL</b>			<b>1,713.32</b>	<b>615.72</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>500.00</b>

Report Ref No. NS/INC19014111/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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