

NA2

INC NS/INC 19014426/N+E352

LARRY

ASSIGNMENT

From:

Date:

Estimated Cost:

① TP WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured: GBJ 10740

Policy No. 510 651426 (02/01/2019 01/01/2020)

Claims No. MT/1057831-002

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:

2

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:

SHB 666 1Y

Vt Regn:

3 May 2019

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

Truck / Trailer or

Make:

HYUNDAI IONIQ

CC 1580

Colour:

BLUE

A/C:

(Insured) / Std / NI / NA

Sp Reading:

51,964

T/Radio:

(Insured) / Std / NI / NA

Eng/No:

C/No:

KMH C851 CVK 146006

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / (STD) A/Rim or

Tyre Size:

F:

195/65 R15

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

15/8/19

D.O.I.

16/8/19

Survey held at

CDGE LOYANG

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

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

INC PIP

Date / Time

Action / Instruction

GBJ 10740: X

SHB 666 1Y: CCC/III 19011078/0003

D.O.A: 22/06/2019

23/8/19

FINALIZED PART BY PART REPAIR \$871.00 / 2 REPAIR DAYS
(Red: 1132.26% 56%)

RECEIVED 27 AUG 2019

Date/Time, File Pass to?



Preli. Report



Final Report

1) 21/8 Typist

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Misc. Fee (\$)

Survey Fee:

Transportation:

3 + RS. \$

Notes:

Other:

TOTAL:

Report Format:

Comp. Form 11

OD

071

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Tuesday, 27 August 2019 2:05 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim 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: Monday, 26 August 2019 4:36 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 26/8/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
	MT/1057831-002	COMFORT DELGRO	SHB 6661Y	GBJ 1074D	15/8/2019	02:45	2003.26	871

Best Regards,

Denise Tay | Case Handler
LKK Auto Consultants Pte Ltd

eBaoTech

General Claim

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 type="radio"/>	5106651428		SAFETECH ENGINEERING PTE LTD	201320322C	GCV	Preferred Workshop Plan	GBJ1074D	GBJ1074D	02/01/2019	01/01/2020

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305325197

TOMER

COMFORT TRANSPORTATION PTE LTD

VARS

MS 7010045

TOMER NO. 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

REGN NO: SHB6661Y

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL IONIQ(G2)

DATE/TIME IN 15.08.2019 16:10

YR OF MANU 03.05.2019

TARGET DATE

CHASSIS CODE RMHC851CVKU146006

COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.08.2019

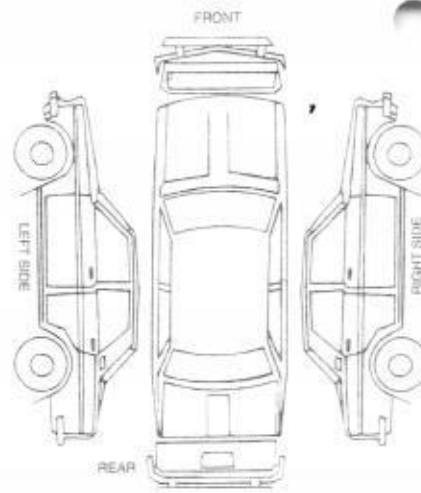
NATURE: 3P 15.08.2019

S/NO

LABOR CODE

DESCRIPTION

NOTUC - Rear Right



SNR

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHB6661Y

LARRY

Vehicle No.: SHB6661Y

Larry Ng

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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	16/08/2019 07:47
Date Of Accident	15/08/2019 02:45
Exact Location Of Accident	CTE EXIT BRADDELL RD TOWARDS BARTLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6661Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD (COMPANY)
Co Reg No	199303821R
Email Address	FLEETSATY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ

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	CHUA SOON HENG
NRIC No	S1616443G
Date Of Birth	28/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	13/04/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91899723
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	63 15-207 SIMS PLACE
Postcode	380063
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?	YES
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

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

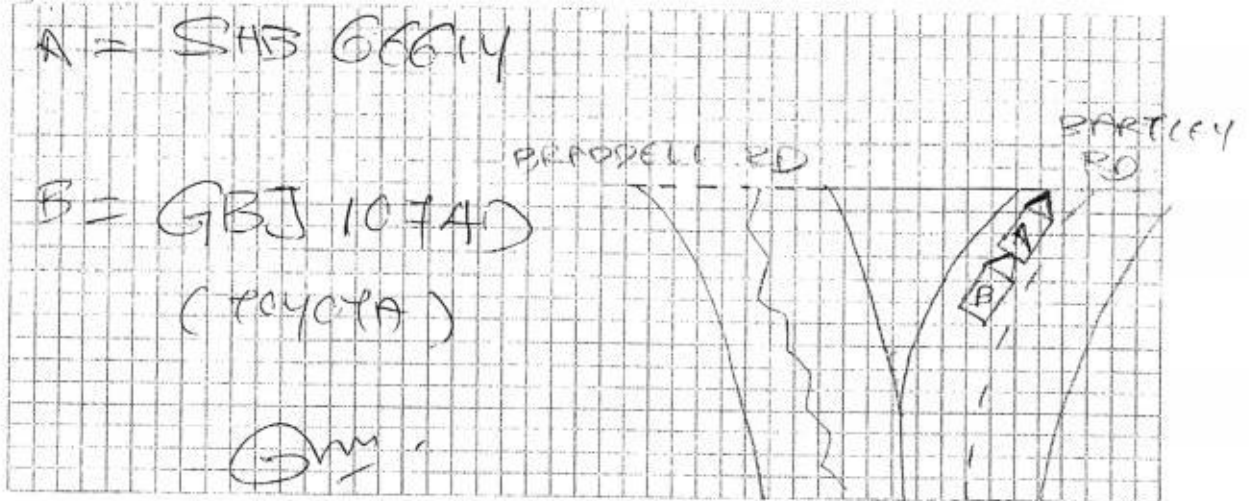
Vehicle Registration Number	GBJ1074D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ISLAM MD MOMINUL
NRIC/Passport Number	G6818707P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHUA SOON HENG
Approximate Age	56
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHB6661Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CTE

Statement as per attached

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
CO REG NO 1000092413

Gm

Olivia Wendy

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.: 15 AUG 2019

Describe Circumstances of the Accident.

On the 15/08/2019 @ about 02:45hrs, I was driving along CTE exit Braddell Rd towards Bartley Rd direction.

I slow down and stop before the traffic light junction when suddenly there's an impact from behind my taxi. I step out to checked and found a Lorry of GBJ1074D front portion had collided onto my right rear portion of my taxi.

01 female passenger on board my taxi.

I felt neck pain and back pain. Will consult doctor later.

Declaration

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

UMFORD TRANSPORTATION PTE. LTD.
CO. REG. NO. 1995088242

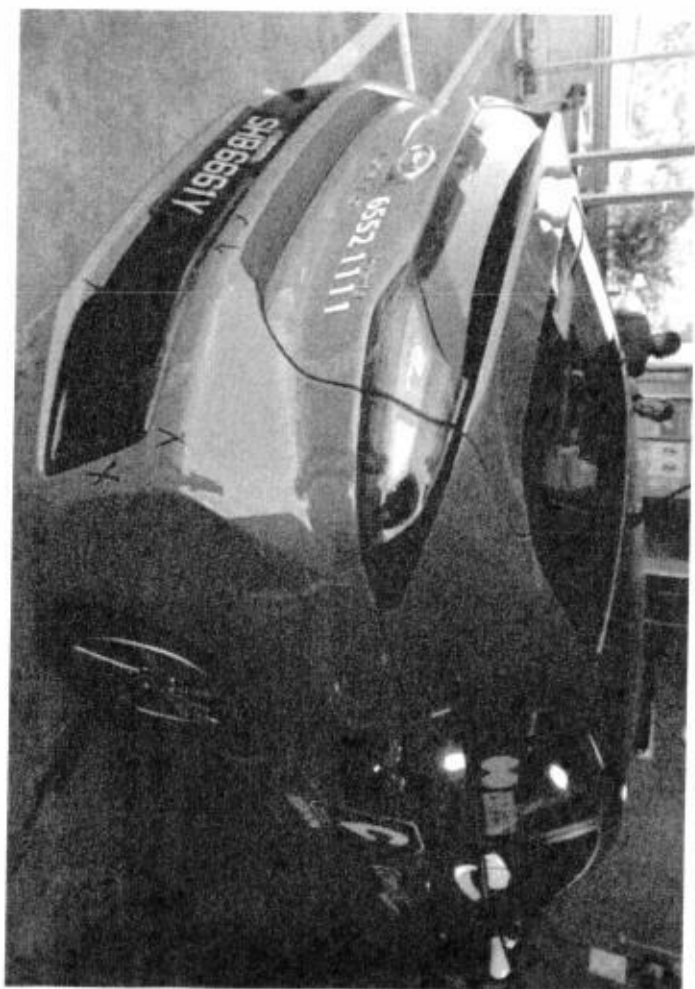
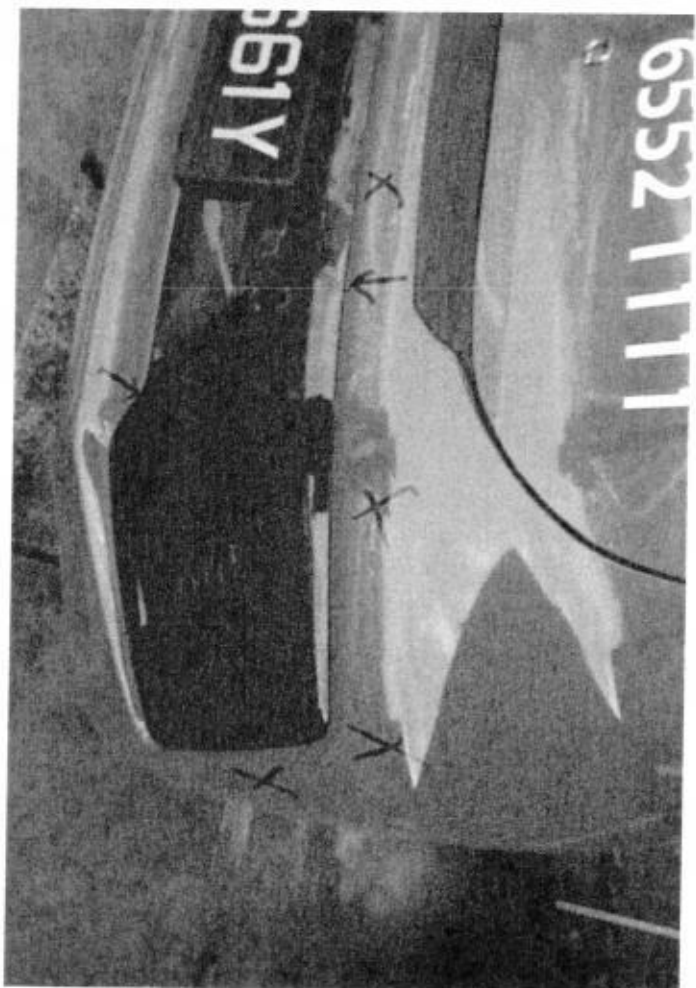
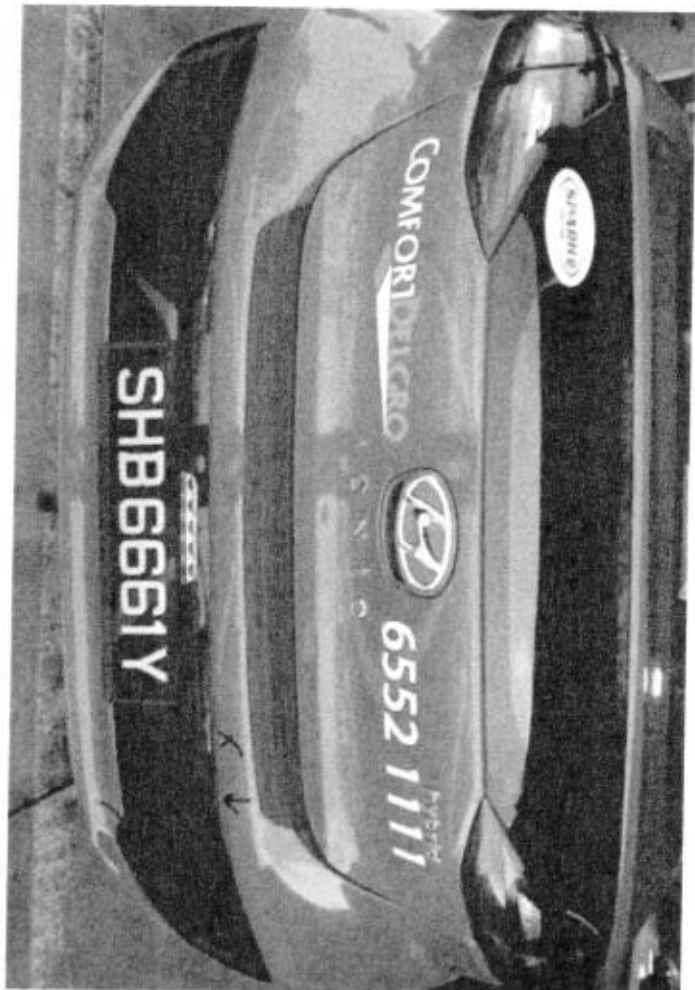
Policyholder's Signature/Date &
Time

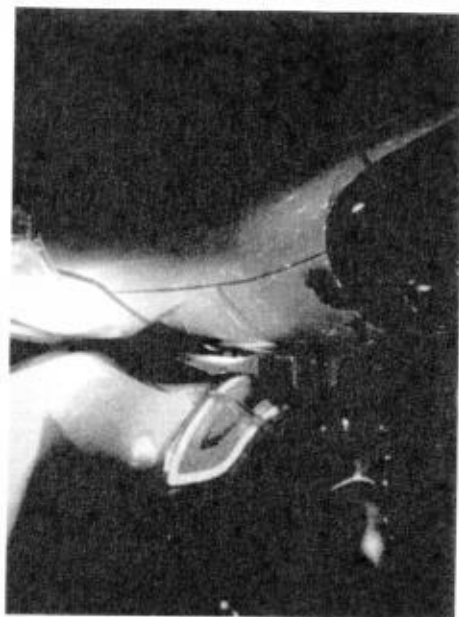
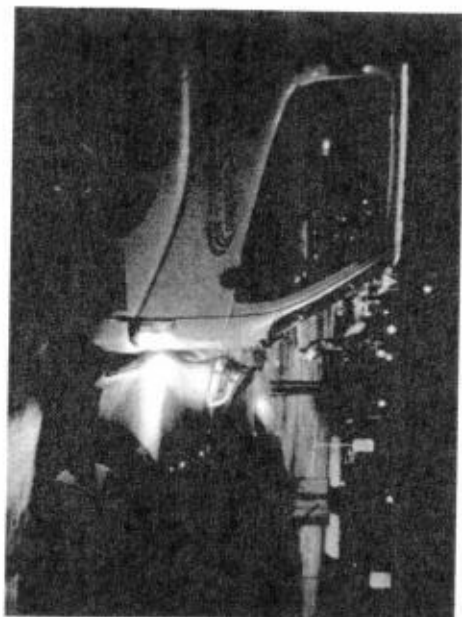
Driver's Signature (If driver is not the policyholder)/Date
& Time

Olivia Wendy

Witnessed by Reporting
Centre Personnel

15 AUG 2019





Our Job Ref No : 305325197

Date : 21. Aug. 2019

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508989
Fax: 6546 8156**FINALIZATION FORM**

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHB6661Y

Date of Accident: 16. 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** **GBJ1074D**
2. The finalized amount shall be:
 - (a) Spare Parts after List discount **\$411.00**
 - (b) Labour Charges **\$460.00**
 - Total for Part-By-Part Repair Cost** **\$871.00**
 - (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 : NAZ LKK

Date : 23/8/19

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.08.2019

REPAIR ESTIMATE

Time: 08:51:59

Page: 1

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

JOB NO : 305325197
REGN NO : SHB6661Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 03.05.2019
DATE/TIME IN : 15.08.2019 16:10
ACCIDENT DATE : 15.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25	20.00	361.00
0002 04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1	50.00		50.00

SUB-TOTAL : 411.00

JOB NATURE

0000 PB	PANEL BEATING		200.00		
0001 23-502	SPRAYPAINT ON AFFECTED AREA		200.00		
0002 17-01	WIRING CHARGE		30.00		
0003 L	REMOVE/REFIX REVERSE SENSOR		30.00		
				SUB-TOTAL :	460.00

TOTAL : 871.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 6661Y

DATE 16/8/2019 9:33

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 459.40
	Rear Bumper Centre Moulding Assy			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy			\$ 47.50
	Rear Bumper Stay			\$ 138.10
	Rear Bumper Side Bracket (LH/RH)	\$	33.10	\$ 66.20
	Rear Bumper Cover Clips			\$ 22.00
	SUB TOTAL			\$ 1,184.45
	LESS 20%			\$ 236.89
	DISCOUNTED TOTAL			\$ 947.56
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 870.00
	ESTIMATE TOTAL			\$ 2,003.26
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.				

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

2/8/19

Larry Ng

NAZ LKK

16/8/19 1630

P/P 2 days

CHECK ITEMS PHOTO

AFTER REPAIR PHOTO

NR

✓ CRK

? XSVL

? XSVL

? XSVL

? XSVL

X NOT

SVL

Nett XSVL

Nett XSVL

200

200

30

30



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/INC19014426/Ntf3s2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 02-09-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBJ 1074D	Veh. Inspected	SHB 6661Y	
Policy No.	5106651428	Coverage (\$)	0.00	
Claim No.	MT/1057831-002	Excess (\$)	0.00	
Assign From		Assign Date	16/08/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	KMHC851CVKU146006	Colour	BLUE	
Odometer	51964	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	5 mm	
L/H Front Tyre	195/65 R15	MICHELIN	5 mm	
R/H Rear Tyre	195/65 R15	MICHELIN	5 mm	
L/H Rear Tyre	195/65 R15	MICHELIN	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	15/08/2019	Inspection Date	16/08/2019	
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		

**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. SHB 6661Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	SERVICEABLE	47.50	-
1	REAR BUMPER STAY	SERVICEABLE	138.10	-
2	REAR BUMPER SIDE BRACKET (LH/RH) @ \$33.10	SERVICEABLE	66.20	-
10	REAR BUMPER COVER CLIPS	SERVICEABLE	22.00	-
	LESS 20% DISCOUNT		-236.89	-90.25
			947.56	361.00
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		50.00	30.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
			870.00	460.00
GRAND TOTAL			2,003.26	871.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				871.00

Report Ref No. NS/INC19014426/Ntf3s2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

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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