

Surveyor: NA 2

REF:

INC NS/INC19014430/NA 312

Ju

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: FBP 94549

Policy No. 5110897478 (03/07/2019 - 02/07/2020)

Claims No. MT/1058187-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

X	A	X
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: SH 6244G Yr Regn: 2 JUN / 2016

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

Truck / Trailer or

Make: HYUNDAI IUD c.c. 1685

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

Sp. Reading: 333,395 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KM14LB41UM42090095

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: 205 / 60 R16

R: 11

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

TOYO / YOKO or HANKOOK

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 COYAWL

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 415

Date / Time	Action / Instruction
	FBP 9454G X
	SH 6244G: CD/AXA100/1677/12XX D.O.A: 22/11/2019
17/11/19	FINALIZED LUMP SUM REPAIR \$1,150.00 / 2 REPAIR DAYS (Rd 5033.28, 82/6)

Date/Time, File Pass to?

☐: Preli. Report

1) 19/11/19

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐: Site Insp (\$

☐: Interview (\$

☐: Tech. Invs (\$

☐: Weekend (\$

) S + RS. SI

) Photos

) Others

TOTAL

Report Format:

Lump Sum / I.B.K. (\$) 1150

160

160

Shiau Chan (LKKAUTO)

From: MTCL@income.com.sg
Sent: Thursday, 19 September 2019 12:05 PM
To: Shiau Chan (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Dear Sir/Mdm,

We have registered the claim.

Our reference number: MT/1058187-002
Claim Officer: Quek Swee Keng

Please allow the claim officer 2-3 working days to respond to your case.

We appreciate if you do not respond to this email. Thank you

Best regards

Diana Tay
Senior Admin Assistant
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



From: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Thursday, 19 September 2019 9:57 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 : 19/09/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D
1	MT/1058187-002	COMFORT TRANSPORTATION PTE LTD	SH 6244G	FBP 9454G	

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

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"/>	5110897478		AZIEZUL HAKIM BIN AMRAN	S8815889Z	GMC	Third Party, Fire & Theft	FBP9454G	FBP9454G	03/07/2019	02/07/2020

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	15/08/2019 15:57
Date Of Accident	15/08/2019 11:35
Exact Location Of Accident	ALONG MARYMOUNT ROAD TWDS ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6244G
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	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	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	KOO GUAN SOON
NRIC No	S1646656E
Date Of Birth	18/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1990
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96666527
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 365C UPPER SERANGOON ROAD #14-1074
Postcode	533365
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: : 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

PLS REFER TO 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	FBP9454G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	AZIEZUL HAKIM BIN AMRAN
NRIC/Passport Number	S8815889Z
Contact Number	91692494
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT

No. Of Passenger (Including Driver)

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.
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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. 196303821H

Policyholder's Signature
Date & Time: **15 AUG 2019**

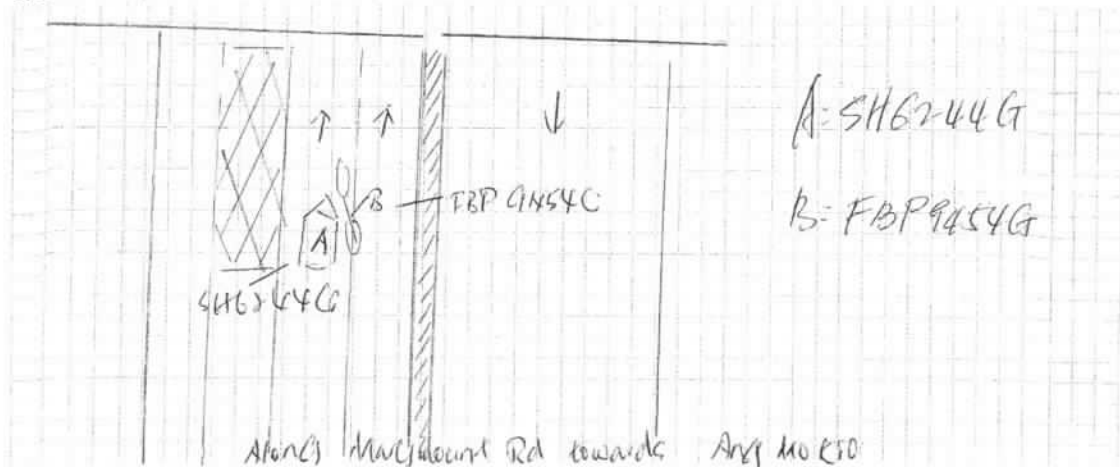
Driver's Signature
(If driver is not the policyholder)
Date & Time: **15 AUG 2019**

Reporting Centre Personnel's Signature
Name: **Loke Wai Yieng**
NRIC/FIN No.:

GIA/ACC Sketch Plan Form_V2



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15 AUG 2019 @ 11:30hrs, I was stationary along Macys Road towards Ang Mo Kio with 1 male and 1 female passenger on board.

I was stationary on the extreme right lane. Suddenly, veh B) FBP 9454G, cut into my lane and collided onto my taxi (A) front portion. My taxi (A) front portion was damaged.

Veh B) FBP 9454G Mr. AZIZUL HAKIM Bin AMAN.
NRIC no: 88815889Z. NIP no: 9164 HKH.

No injury in this accident.

I had company video fix in my taxi and here photos to support my claims.

DECLARATION

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

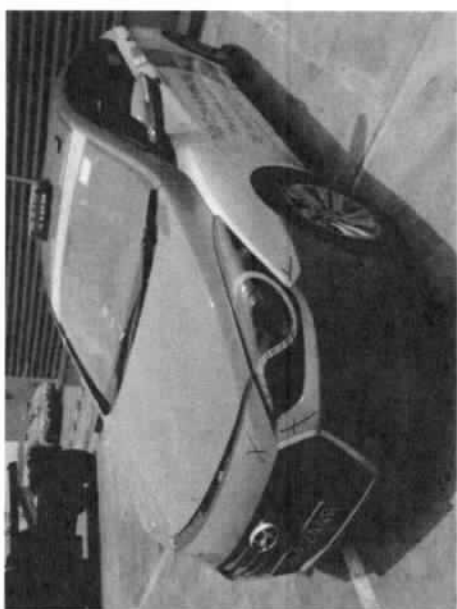
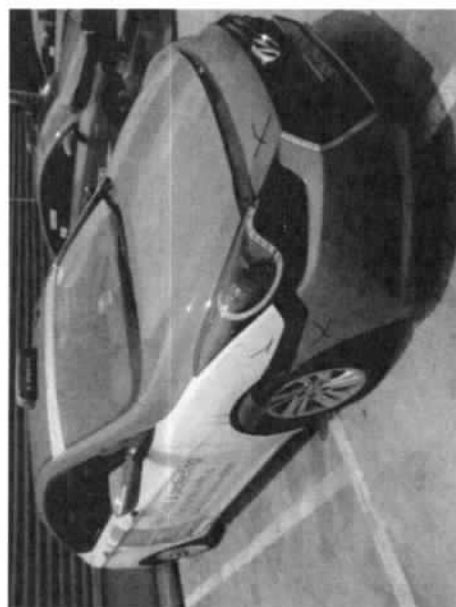
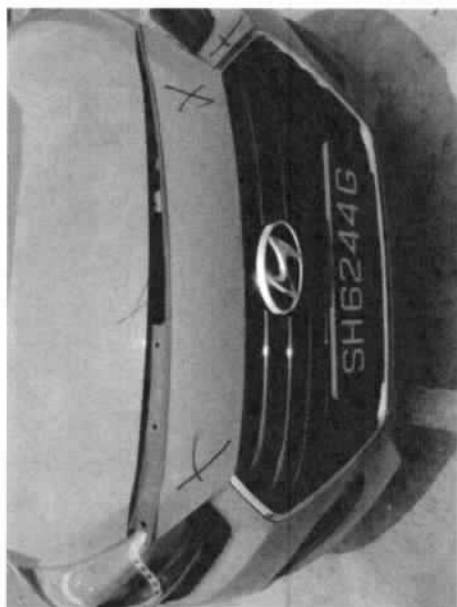
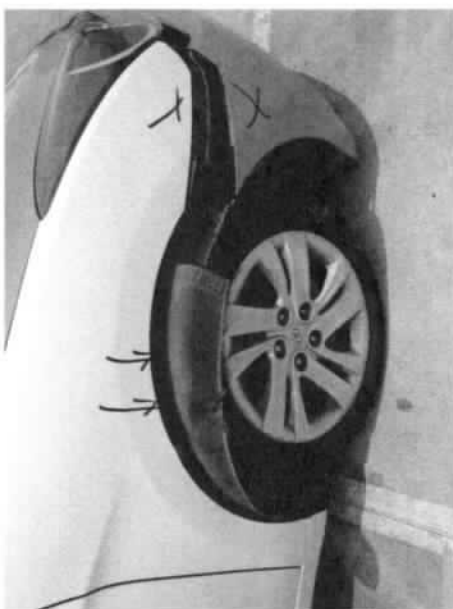
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303021R

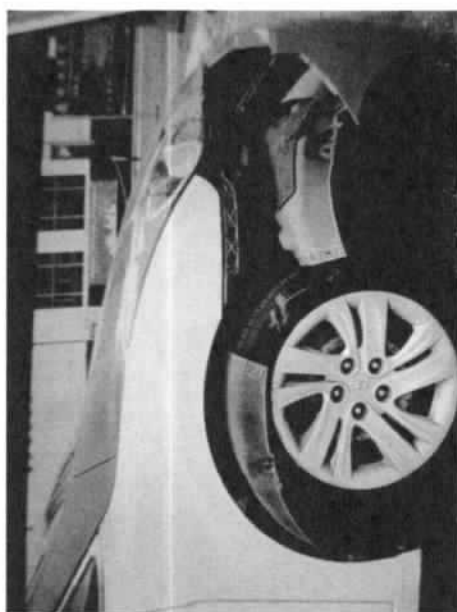
Policyholder's Signature
Date & Time: 15 AUG 2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15 AUG 2019

14:15 HRS

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





Date/Time: 16.08.2019 08:55

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3945873

JC NO.: 305325193

OMER

COMFORT TRANSPORTATION PTE LTD

7010045

IS

OMER NO.

383 SIN MING DRIVE

ESS

Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

DUNT CARD NO.

REGN NO: SH 6244G

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 15.08.2019 11:35

YR OF MANU 02.06.2016

TARGET DATE

CHASSIS CODE KMHLB41UMGU090098

COMPLETION DATE/TIME:

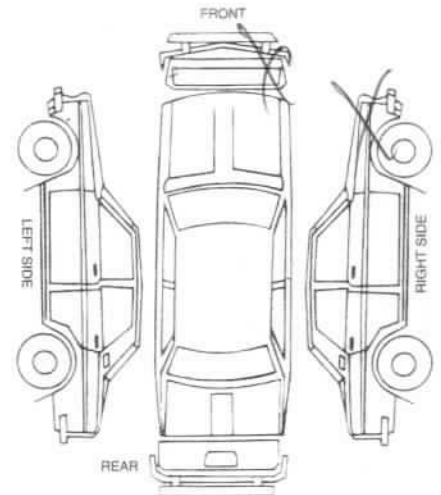
Accident Date: 15.08.2019

NATURE: 3P 15.08.19

JOB DESCRIPTION

S/NO LABOR CODE
000010 23-01

DESCRIPTION
TOWING FEE



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Io.: SH 6244G JU NTUC LKK

Vehicle No.: SH 6244G

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No 305325193

Date : 21/08/2019

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

To : LKK

Fax :

Attn : NAZ

: SH 6244G

Date of Accident : 15/08/2019

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

1. The repair job shall bill to: NTUC --- SH 6244G
###
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: 20% **\$1,150.00**
- 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 amountSignature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : NAZ LKK

Date : 17/9/19

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:

TOWING FEE

REPAIR ESTIMATE*

DATE 15/8/2019 16:38

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille			\$ 1,110.10
	Front Bumper Cover			\$ 1,052.20
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH)		\$ 24.60	\$ 49.20
	Headlamp Support Panel Assy			\$ 907.40
	Headlamp (LH/RH)		\$ 1,388.00	\$ 2,776.00
	SUB TOTAL			\$ 5,939.70
	LESS 20%			\$ 1,187.94
	DISCOUNTED TOTAL			\$ 4,751.76
			1023 28	
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 300.00
	Wiring			\$ 50.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	TOTAL LABOUR			\$ 1,300.00
	ESTIMATE TOTAL			\$ 6,051.76
	NAZ LKK 16/8/19 1640 LIS 2 DAYS CHECK ITEMS (PHOTO) AFTER REPAIR (PHOTO)		1,453.28 <u>1,162.62</u> 1,150	
			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:	
			6237.28	

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.

SUPPLEMENTARY OF PARTS AND LABOUR COSTS			
DESCRIPTION	QTY	ESTIMATE	REMARKS
FRT RH FENDER SHIELD	1	\$174.90	/ Torn
FRT BUMPER CLIPS	10	\$22.00	/ NEC
RADIATOR GUARD	1	\$30.00	/ IRK
CHECK ITEMS			
LABOUR			
TOTAL:		\$226.90	JUMANI



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/INC19014430/Nqf3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 04-10-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBP 9454G	Veh. Inspected	SH 6244G
Policy No.	5110897478	Coverage (\$)	0.00
Claim No.	MT/1058187-002	Excess (\$)	0.00
Assign From		Assign Date	16/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU090098	Colour	BLUE
Odometer	333375	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	5 mm
L/H Front Tyre	205/60 R16	HANKOOK	5 mm
R/H Rear Tyre	205/60 R16	HANKOOK	5 mm
L/H Rear Tyre	205/60 R16	HANKOOK	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT 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. SH 6244G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	RADIATOR GRILLE	SERVICEABLE	1,110.10	-
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60	SERVICEABLE	49.20	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	907.40	-
2	HEADLAMP (LH/RH) @\$1388.00	SERVICEABLE	2,776.00	-
1	FRT RH FENDER SHIELD	TORN	174.90	174.90
10	FRT BUMPER CLIPS	NECESSARY	22.00	22.00
1	RADIATOR GUARD	CRACKED	30.00	30.00
	LESS 20% DISCOUNT		-1,233.32	-255.82
			4,933.28	1,023.28
LABOUR				
	PANEL BEATING.		800.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING.		50.00	30.00
	REMOVE / REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
			1,300.00	430.00
GRAND TOTAL			6,233.28	1,453.28
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,150.00

Report Ref No. NS/INC19014430/Nqf3e2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.