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 Detail: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time	(08/11/13) REF:	
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Hello, NAC_PAYA_UBI_80	00601						• Change La	nguage	· Change Pa	assword	Log Out
My Desktop	Polic	y Query									,
Notice of Loss	Policy N	lo.				Date of A	ccident	17/08	8/2019 08:59		
	Vehicle	No.(For Motor)	SJU7427	c		Certificat	e Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106982526		RS CAR LEASING PTE. LTD.	201843098R	GFT	Third Party	SJU7427C	SJU7427C	04/06/2019	
				13/2/13/6	Cor	ntinue					

Denise Tay (LKKAuto)

From:

MTCL@income.com.sg

Sent:

Wednesday, 21 August 2019 1:49 PM

To:

Denise Tay (LKKAuto)

Subject:

FW: REQUEST CLAIM NUMBER

Hi,

All claims 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



From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]

Sent: Wednesday, 21 August 2019 10:23 AM

To: MTCL@income.com.sg

Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date: 21/8/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1058524- 002	COMFORT DELGRO	SHC 8649R	GX 4877B	17/8/2019	10:40	2148.24	550
2	MT/1057523- 002	COMFORT DELGRO	SHD 4193J	FBJ 4214Y	13/8/2019	17:30	1981.12	300
3	MT/1058742- 001	COMFORT DELGRO	SHC 2223A	SJU 7427C	17/8/2019	17:50	2104.01	670.13
4	MT/1058586- 002	COMFORT DELGRO	SHC 2180P	SMD 6835T	18/08/2019	13:20	1217.96	855

OMFORT DELGRO

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

59 Loyeng Drive Singapore 508969 383 Sin Ming Drive Singapore 575717

24 Senoko Loop Singapore 758156 7 Sungel Kadut Way Singapore 728791 501 Yahun Industrial Park A Singapore 76

Date/Time: 019408 2019 12:41

Page : 1 ARC Repair TP(CLSO)1 Team: JOB CARD Sales Order: JC NO.: 305325588 REGN NO.: SHC2223A **OMER** MILEAGE COMFORT TRANSPORTATION PTE LTD 9 FUEL 7010045 TOYOTA OMER NO. 383 SIN MING DRIVE E.....F PRIUS HYBRID(G4)19.08.2019 09:15 MODEL Singapore SINGAPORE 575717 65508755 YR OF MANUE. 12. 2018 (R) TARGET DATE (P) CHASSIS CODE JTDKB3FU803077678 COMPLETION DATE/TIME: JUNT CARD NO. JOB DESCRIPTION Accident Date: 17.08.2019 NATURE: 3P 17.08.19 S/NO LABOR CODE DESCRIPTION KED & PASSED OUT BY: SERVICE ADVISOR CUSTOMER'S SIGNATURE idgement Slip Exit Pass Vehicle No.: SHC2223A JU NTUC LKK SHC2223A

imed to Service Reception upon collection

Service Advisor

Name of Service Advisor

Signature/Date

Date

To be kept by Security Guard

MCD619108324 / ComfortDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 19/08/2019 11:56 SUBMITTED BY; Catherine Por Moy Juan

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 witholding 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.

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 Date Of Report
 19/08/2019 11:56

 Date Of Accident
 17/08/2019 17:50

 Exact Location Of Accident
 KITCHENER ROAD

 Country/State of Loss
 SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2223A

Insured/Policyholder

Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD

Co Reg No 199303821R

Email Address FLEETSAFTY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer TOYOTA
Model PRIUS

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

REPORTING ONLY

42 YEARS AND 3 MONTHS

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
 LIM KIM HOON

 NRIC No
 \$1219845J

 Date Of Birth
 10/09/1956

 Occupation
 OUTDOOR

Date Of Driving Pass 04/05/1977

Gender FEMALE

Mobile Number (LOCAL) +65-98712145

Fax Number

Contact Number

Driving Experience

EMail Address NOEMAIL

Address

413 04-1222 HOUGANG AVENUE 10

Postgode

530413

NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

0

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO

ambulance?
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)

4

.

Passenger 1

NAME:

.

GENDER: : MALE

Passenger 2

NAME:

.

GENDER: :

: FEMALE

Passenger 3

NAME:

9.8

GENDER:

MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

HOUGANG NPC

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

Remarks/ Reasons:

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

was there any video captured by Car

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJU7427C

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

NOT SURE

No. Of Passenger (Including Driver)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Report - 1/2019 08 18 / 20-01 DECLARATION We declare the foregoing particulars are true in every respect. SEMPORT TO ASSOCIATION PSEC. CONTROL OF SECURICAL SAMPORTS.	SKETCH PLAN		
ECLARATION We declare the foregoing particulars are true in every respect. STATE OF TECHNOLOGY PRESENCE AND TROUBURGE AND TROU	DESCRIBE CIRCUMSTANCE	Catalogue Control	A)SHC 2223A Ayrola (B) STUTH27C
We declare the foregoing particulars are true in every respect. SOMEORY TRANSPORTATION PIECE CAREE NO 18950 1804 18	Refe	Blice Report-	- 7/20190818/20-01
Ve declare the foregoing particulars are true in every respect. SEMEORI TRANSPORTATION PIECE CAREE NO 1890/19018			
We declare the foregoing particulars are true in every respect. SOMEORY TRANSPORTATION PIE. CARRELING 1890018018			
olicyholder's Signature Driver's Signature Reporting Centre Personnel Ognature	We declare the foregoing part	PORTATION PIE	Separting Centre Personnel Mark A.C.

Date & Time:

SIARMC SPORMFLINESIM_VI

NRIC/FIN No.:

Page 4 of 16





Like Station Of Origin:
Like Station Of Origin:
Like Hougang N.P.C
Like Hougang Avenue 9 SINGAPORE 538775
Like 1800-4890999

1 of 3 Report No. T/20190818/2001

	e Report I 19 00:31	Made:	Vide Report No.	2)		Station Diary No.: 15
Formar	ıt's Partic	ulars				
Id ame of	Informant: HOON		Address: APT BLK 413 H 530413	OUGANG A	VENUE 10	#04-1222 SINGAPORE
ID Type / NRIC NC	ID No / S12198	45J	Contact No.: Home/Office:		Mobile:	98712145
Nationalit SINGAPO	y: DRE CITIZ	'EN	Email:			
Sex Male	Age:	Date of Birth: 10/09/1956	Type of Informat Driver	nt:		
Race: Chinese			Language:		Institutio	on / School Name:
occupation of the control of the con			Driving Licence Class: 2B,2A,2,3		Date of	Expiry:
neral II	- 1	n of the Accident Non-Injury	Drink	Data/T	ime of	Type of Location:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/08/2019 17:50	Type of Location:
Location:				
KITCHENER	ROAD			
towards Rang	oon			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way	P ₁	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis Batween Mov		vipe - Same Direction	-	Anyone conveyed by ambulance: No

ails of V	ehicle Invo	lved				
nicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC 2223A	Car	ТОУОТА		Blue	Slightly Damaged	3
SJU7 427C	Car	ТОУОТА		Black	No Damage	0

-lails of Person Involved	
way Pedestrian Involved: No	
40. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20190818/2001

lice Station Of Origin:

Hougang Avenue 9 SINGAPORE 538775

- I No: 1800-4890999

CONTINUATION OF REPORT

Driver						
Name	LIM KIM HOON			ID No).	S1219845J
Related Vehicle	SHC2223A (Car)			Conta	act No.	98712145
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No of Days gran	ted Medical Leave	NIL	Degree o		NIL	

ref Details.

On the 17/08/2019 at about 1753hrs, I was driving along Kitchener Road towards Rangoon. I was driving along the right lane when suddenly a car from the left turned into my lane. When he completed the turn, he knocked onto the left front side of my vehicle and just drove off.

I would like to add that I have an in-car camera which captured the whole incident.





3 of 3

Report No. T/20190818/2001

Folice Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 CONTINUATION OF REPORT

Sketch Plan

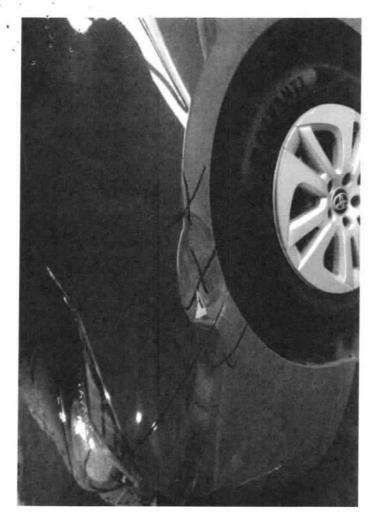
Authentication Stamp

cina de la companya d

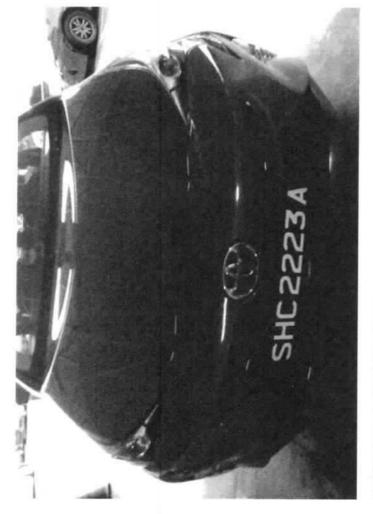
Informant is not able to provide sketch plan

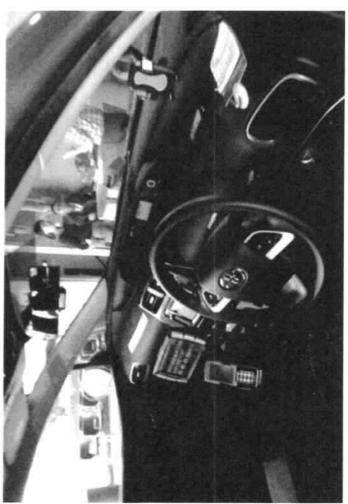
Signature Of Officer Recording The Report: F / Sgt 2 GABRIEL LEE BO WENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2019 00:31
Officer In Charge Of Case: TP / HRT / St Staff Sgt ESTHER CHONG Contact No : 65476368	Classification Of Case:

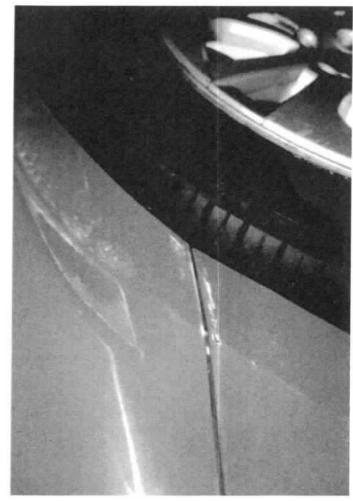
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

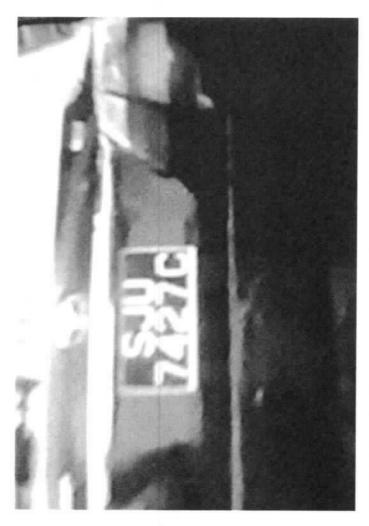














COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 19.08.2019

Time: 14:17:47

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

: 305325588

REGN NO

: SHC2223A

MILEAGE

: 0000000000

MAKE

: TOYOTA

MODEL DATE OF REGN : PRIUS HYBRID(G4)

DATE/TIME IN

: 06.12.2018

: 19.08.2019 09:15

ACCIDENT DATE : 17.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-A PRIG4 COVER FRONT BUMPER 1 499.90 25.00 374.92 X

0002 04-01-0302-2297-G PRIG4 EMBLEM SIDE PANEL (1 93.50 25.00 70.12

SUB-TOTAL : 1,154.01

0003 04-01-0302-0573-G PRIG4 FENDER SUB-ASSY FRO 1 945.30 25.00 708.97

JOB NATURE

0000 PB

PANEL BEATING

0001 SP

SPRAYPAINT CHARGE

0002 20-00 TUFF COAT ON AFFECTED PARTS.

SUB-TOTAL: 950.00

TOTAL : 2,104.01

MVA NAME & SIGNATURE

DATE:

AUTHORISED: YES / NO

SURVEYOR NAME & SIGNATURE

DATE:

Kalun (CKK)

1 , 9/8/19 1505 L.
2 Pys

PIP Repar photo

COMFORTDELGRO ENGINEERING

Our Job Ref No

305325588

Date

20/08/2019

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

FINALIZATION FORM

	-	LKK		Fax:	
Attn	:	KALVIN			
		: SHC2223A		Date of Accident :_	17/08/2019
The su	urvey	and estimates of the repairs of	the above-men	tioned vehicle are as	follows:-
	The	repair job shall bill to:	NTUC		SJU7427C
2.	The f	finalized amount shall be:		###	
	(a)	Spare Parts after List discoun	t		\$70.13
	(b)	Labour Charges		###	\$600.00
		Total for Part-By-Part Repair	r Cost		\$670.13
		Total for Lumpsum repair cost			
. 1	We sh	Final Lumpsum Repair cost ated normal period for repairs: hall treat the above amount as	2		no reply from yo
. \	We sl withir	Final Lumpsum Repair cost ated normal period for repairs:	2	_working days	no reply from yo
. \	We sl withir	Final Lumpsum Repair cost ated normal period for repairs: hall treat the above amount as n 7 working days c you for your assistance.	2	working days Confirmed if there is We confirm the esti	no reply from yo
. V	We sh withir Thank	Final Lumpsum Repair cost ated normal period for repairs: hall treat the above amount as n 7 working days c you for your assistance.	2	_working days confirmed if there is We confirm the estifinalized amount	no reply from yo
. N	We sh withir Thank Signat	ated normal period for repairs: hall treat the above amount as n 7 working days c you for your assistance.	2	working days confirmed if there is We confirm the estifinalized amount Signature:	no reply from yo
. N	We sh within Thank Signat	ated normal period for repairs: hall treat the above amount as a 7 working days ture: JUMANI	2	working days confirmed if there is We confirm the estifinalized amount Signature:	mates and

F

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
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:	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 20.08.2019

Time: 17:23:36

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

REGN NO

: 305325588 : SHC2223A

MILEAGE

: 0000000000

MAKE

: TOYOTA

MODEL DATE OF REGN : PRIUS HYBRID(G4)

DATE/TIME IN

: 06.12.2018

ACCIDENT DATE : 17.08.2019

: 19.08.2019 09:15

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2297-G PRIG4 EMBLEM SIDE PANEL (1 93.50 25.00 70.12

SUB-TOTAL: 70.12

JOB NATURE

0000 PB

PANEL BEATING

200.00

0001 SP

SPRAYPAINT CHARGE

400.00

SUB-TOTAL: 600.00

TOTAL : 670.12

MVA NAME & SIGNATURE

DATE:

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:



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



NTL	IC INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref:	f: NS/INC19014491/K1sf3e2		
73 E #05- 189		D UNION HOUSESINGAPORE	Date:	26-08-2019		
			Code:	INC4		
1.		Policy Particulars	:- THIR	D PARTY CLAIM		
	Insured Veh.	SJU 7427C	Veh. I	nspected	SHC 2223A	
	Policy No.	5106982526	Cover	age (\$)	0.00	
	Claim No.	MT/1058742-001	Exces	s (\$)	0.00	
	Assign From		Assig	n Date	19/08/2019	
2.	Britis Britis	Vehicle Parti	culars &	& Condition		
	Make & Model	TOYOTA PRIUS	c.c		1798	
	Engine No.	HIDDEN	Year o	of Reg.	2018	
	Chassis No.	JTDKB3FU803077678	Colou	r	BLUE	
	Odometer	91999	Steeri	ng	IN ORDER	
	Brakes	IN ORDER	Modif	ication	STANDARD ALLOY RIM	
	General	FAIR				
3.		Conditi	ons of	Tyres		
		Size	Make		Balance	
	R/H Front Tyre	195/65 R15	DAVAN	NTI	7 mm	
	L/H Front Tyre	195/65 R15	DAVAN	NTI .	7 mm	
	R/H Rear Tyre	195/65 R15	DAVAN	NTI	7 mm	
	L/H Rear Tyre	195/65 R15	DAVAN	NTI .	7 mm	
4.	The Strong of Land	Description	on of D	amages		
	THE VEHICLE SU	STAINED DAMAGES AT THE N/S	FRONT	PORTION.		
	DAMAGES SEE D	ETAILS.				
5.		Genera	Inform	ation		
	Accident Date	17/08/2019	Inspe	ction Date	19/08/2019	
	Survey held at	COMFORTDELGRO ENGINEER	RING PT	E LTD		
		59 LOYANG DRIVE SINGAPORE 508969				
5a.		R	emarks		DESCRIPTION OF THE PARTY OF THE	
	A)THE INSPECTION B)IN ACCORDANCE	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT P	REJUDICE" BASIS NOT AUTHORISE	D REPAIRS.	
5b.		Estimate	Days o	Repair		
	ESTIMATED NOR	MAL 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





670.13

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2223A

RECOMMENDED COST OF REPAIRS (CONFIRMED)

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	PRIG4 COVER FRONT BUMPER	TO REPAIR SEE LABOUR	499.90	-
1	PRIG4 EMBLEM SIDE PANEL	NECESSARY	93.50	93.50
1	PRIG4 FENDER SUB-ASSY FRO	TO REPAIR SEE LABOUR	945.30	-
L	LESS 25% DISCOUNT		-384.68	-23.37
			1,154.02	70.13
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF PRIG4 COVER FRONT BUMPER AND PRIG4 FENDER SUB-ASSY FRO.		400.00	200.00
	SPRAYPAINT CHARGE.		500.00	400.00
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	50.00	-
			950.00	600.00
	GRAND TOTAL		2,104.02	670.13

Report Ref No. NS/INC19014491/K1sf3e2

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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