

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC19014491/K13F302

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: SJU 7427CPolicy No. 5106982526 (04/06/2019)Claims No. MT/1052742-001

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 2223A Yr Regn: 6 Dec 2018

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

Truck / Trailer or

Make: Toyota Prius C.C. 1790Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 91999 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3F4803077678

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Parrot

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 17/8/19 D.O.I. 19/8/19Survey held at C/DHE (Loyang)

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

1/5 Front

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

Date / Time	Action / Instruction
	SJU 7427C : CC4/ASM180008556/10/wh392 D.O.A: 09/01/2018 INC
	SHC 2223A: CS/TM1150143741H29502 D.O.A: 21/08/2015 P/P
21/8/19	Interview P/P \$670.13 / 20%.
	C \$1,433.88 Red - 68%.

RECEIVED 21 AUG 2019

Date/Time, File Pass to?

21/08/19

☐ : Preli. Report☒ : Final Report

1) Typ: 24

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 160

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum (I.B.): (\$ 670.13 P/P)160

eBaoTech

GeneralClaim

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="17/08/2019 08:59"/>
Vehicle No.(For Motor)	<input type="text" value="SJU7427C"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106982526		RS CAR LEASING PTE. LTD.	201843098R	GFT	Third Party	SJU7427C	SJU7427C	04/06/2019	

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

in with you

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

Claim received from LKK Auto

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305325588

OMER

S

OMER NO.

ESS

(R)

(P)

UNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.:

SHC2223A

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)19.08.2019 09:15

DATE/TIME IN

YR OF MANU.

06.12.2018

TARGET DATE

CHASSIS CODE

JTDKB3FU803077678

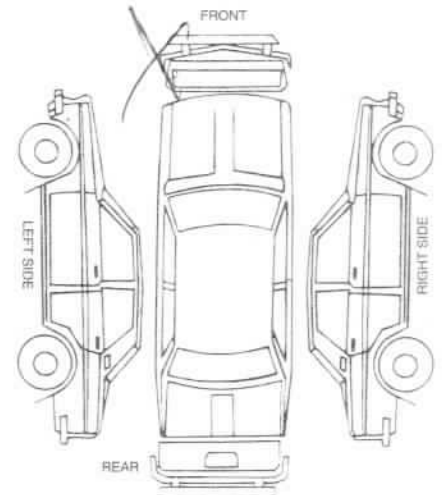
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.08.2019

NATURE: 3P 17.08.19

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

o.:

SHC2223A

JU NTUC LKK

Vehicle No.:

SHC2223A

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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	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
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	S1219845J
Date Of Birth	10/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	04/05/1977
Driving Experience	42 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98712145
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	413 04-1222 HOUGANG AVENUE 10
Postcode	530413
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	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 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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - 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.

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	SJU7427C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

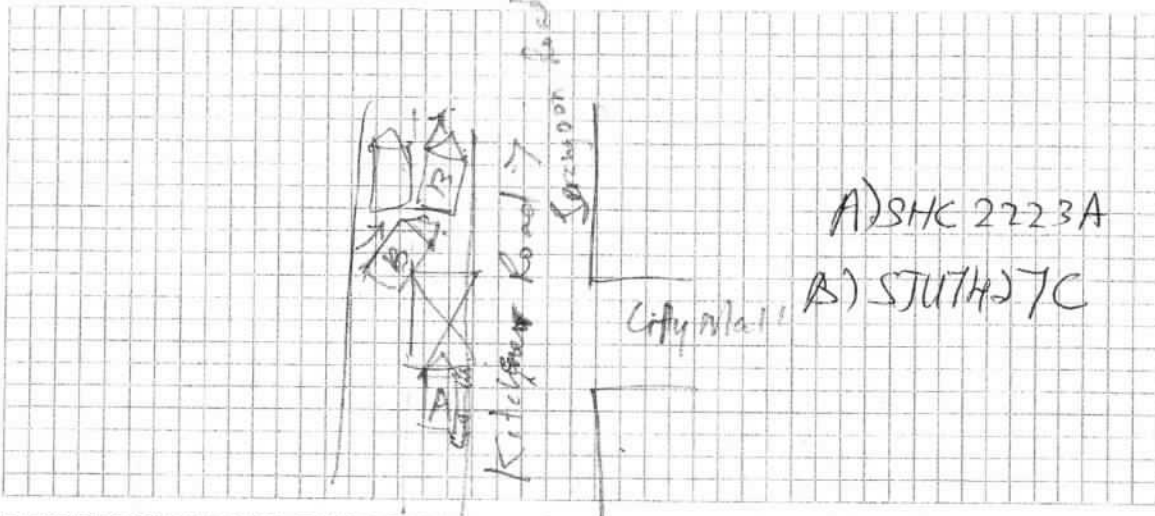
Postcode

Insurance Company Name

Nature Of Damage NOT SURE

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/20190818/2001

DECLARATION

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

COMFORT TRANSPORTATION PTE.
COMP REG NO. 18901821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190818/2001

Police Station Of Origin:

1 of 3

Hougang N.P.C

Report No. T/20190818/2001

10 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2019 00:31	Vide Report No.:	Station Diary No.: 15
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LIM KIM HOON			Address: APT BLK 413 HOUGANG AVENUE 10 #04-1222 SINGAPORE 530413		
ID Type / ID No.: NRIC NO / S1219845J			Contact No.: Home/Office: Mobile: 98712145		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 10/09/1956	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General information of the Accident

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 Rangoon				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2223A	Car	TOYOTA		Blue	Slightly Damaged	3
SUV7427C	Car	TOYOTA		Black	No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE
POLICE FORCE



T/20190818/2001

Police Station Of Origin:
Hougang N.P.C
Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20190818/2001

CONTINUATION OF REPORT

Driver			
Name	LIM KIM HOON		ID No. S1219845J
Related Vehicle	SHC2223A (Car)		Contact No. 98712145
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B, 2A, 2, 3, 4, 5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief 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.



SINGAPORE
POLICE FORCE



T/20190818/2001

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20190818/2001

CONTINUATION OF REPORT

Sketch Plan

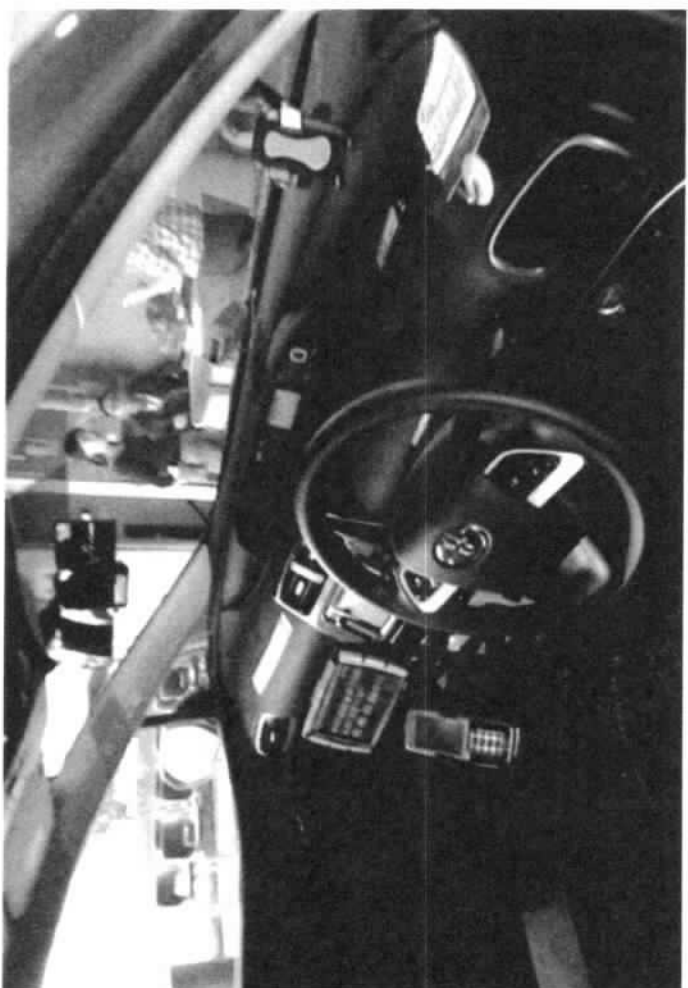
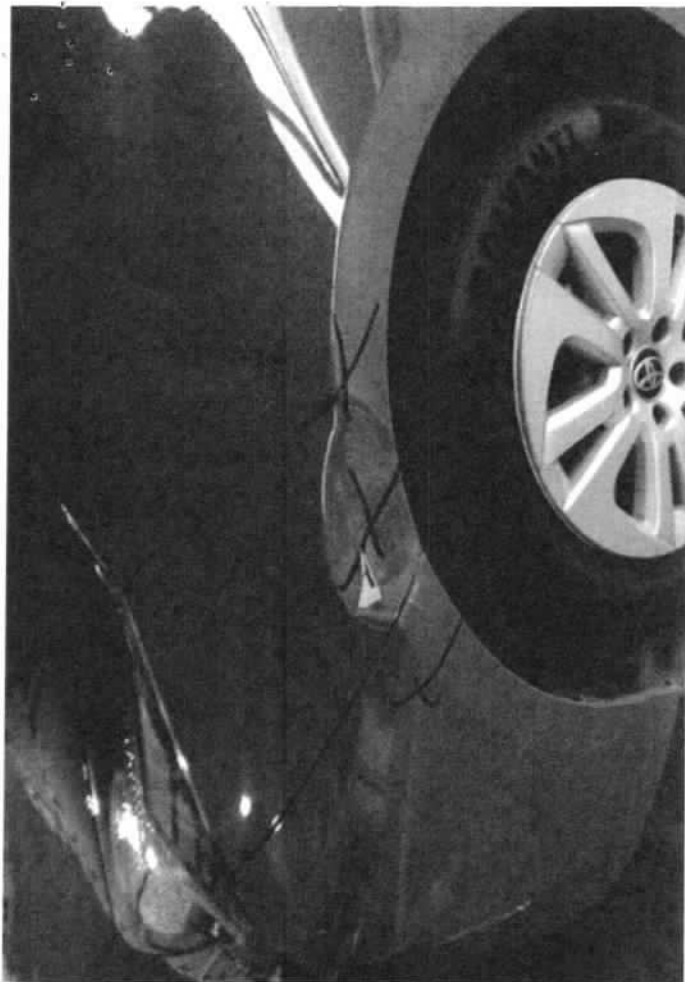
Informant is not able to provide sketch plan

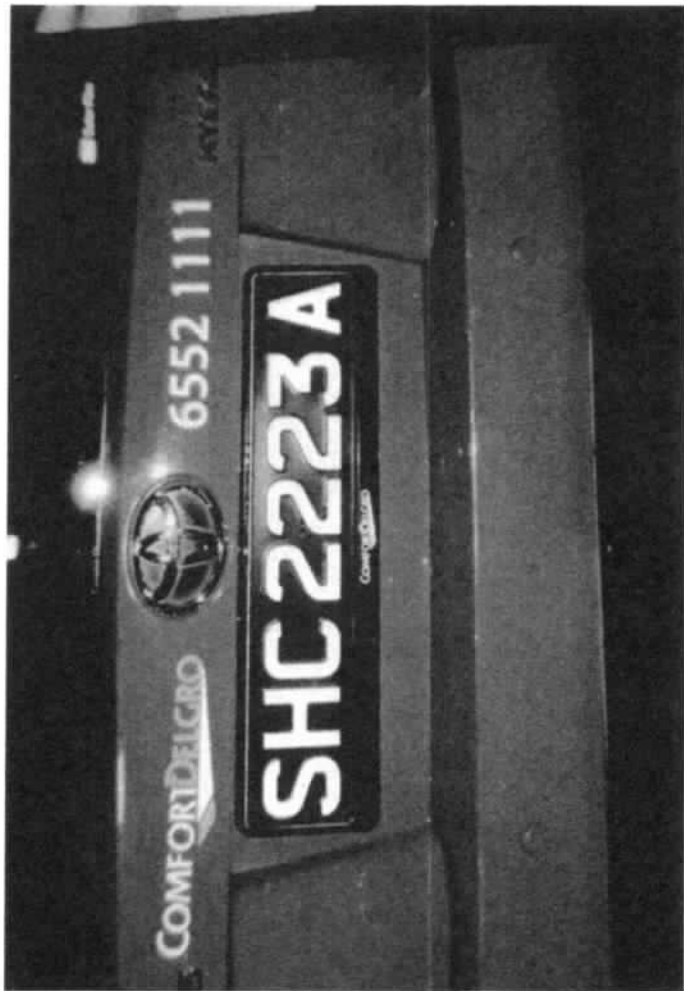
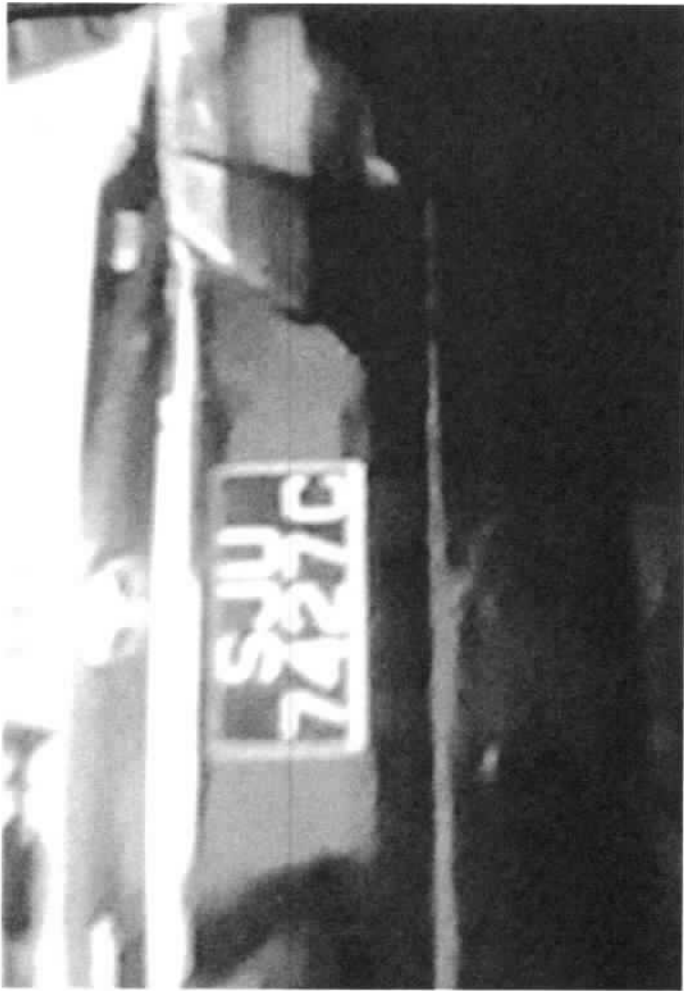
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: P / Sgt 2 GABRIEL LEE BO WENG	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No : 65476368	

Authentication Stamp

Signature Of Informant:	
Date/Time: 18/08/2019 00:31	
Classification Of Case:	





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 : PRIUS HYBRID(G4)
 DATE OF REGN : 06.12.2018
 DATE/TIME IN : 19.08.2019 09:15
 ACCIDENT DATE : 17.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0302-2292-A	PRIG4 COVER FRONT BUMPER	1	499.90 25.00 374.92
0002	04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (1	93.50 25.00 70.12
0003	04-01-0302-0573-G	PRIG4 FENDER SUB-ASSY FRO	1	945.30 25.00 708.97

SUB-TOTAL : 1,154.01

JOB NATURE

0000	PB	PANEL BEATING	400.00	200
0001	SP	SPRAYPAINT CHARGE	500.00	400
0002	20-00	TUFF COAT ON AFFECTED PARTS.	50.00	X 20

SUB-TOTAL : 950.00

TOTAL : 2,104.01

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

Ka lura CLKK
 19/8/19 1505h.
 2 Pys
 P/P
 After Repair photo



Our Job Ref No 305325588
Date : 20/08/2019

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHC2223A

Fax :

Date of Accident : 17/08/2019

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

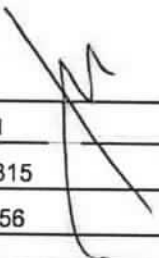
1. The repair job shall bill to: NTUC --- SJU7427C
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$70.13
 - (b) Labour Charges ### \$600.00
 - Total for Part-By-Part Repair Cost \$670.13**
 - (c) Lumpsum Repair (if applicable) N
 - Total for Lumpsum repair cost after Less: 20%
 - 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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 21/8/19

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 20.08.2019

REPAIR ESTIMATE

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 : 305325588
REGN NO : SHC2223A
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 06.12.2018
DATE/TIME IN : 19.08.2019 09:15
ACCIDENT DATE : 17.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2297-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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19014491/K1sf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 26-08-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJU 7427C	Veh. Inspected	SHC 2223A	
Policy No.	5106982526	Coverage (\$)	0.00	
Claim No.	MT/1058742-001	Excess (\$)	0.00	
Assign From		Assign Date	19/08/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	JTDKB3FU803077678	Colour	BLUE	
Odometer	91999	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	DAVANTI	7 mm	
L/H Front Tyre	195/65 R15	DAVANTI	7 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	17/08/2019	Inspection Date	19/08/2019	
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. SHC 2223A

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	-
	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

RECOMMENDED COST OF REPAIRS (CONFIRMED)			670.13
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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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