

(68/11/3)

Subreg: Kolvin

REF:

NS/2NC 19014494 / K1v35

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: Gx 4877BPolicy No. 50 96467168-01 (08/01/2018 - 07/12/2019)

Claims No. _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 8649R Yr Regn: 29 Dec 2015

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

Truck / Trailer or

Make: Hyundai Z40 C.O. 165Colour: Blue A/C: Ins Ad / Std / NI / NASp. Reading: 410227 T/Radio: Ins Ad / Std / NI / NA

Eng/No: _____

C/No: KMH LB414A44083000

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 A/Rim or

Tyre Size: F: 205 / 60 R16

R: _____

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

TOYO / YOKO or Wet 1/1

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 CPHE (Loyang)

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

Rear n/s

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

Date / Time Action / Instruction

Gx 4877B : X

SHC 8649R: CS/FCI17023136/m12vbs2 D.O.A. 24/11/2017

21/8/19 Hyundai P14 550 / 21/8/19 (Red 1598.24, 7410) (No 15)

RECEIVED 22 AUG 2019

21/8/2019

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

22/8 - typist

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS: 31

Add Fee:

S + RS: 31

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

Claim received from LKK Auto

eBaoTech

GeneralClaim

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 checked="" type="radio"/>	5096462168-01		ENSSCOM PTE. LTD.	200720176H	GCV	Third Party	GX4877B	GX4877B	08/12/2018	07/12/2019

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 08:37
Date Of Accident	17/08/2019 10:40
Exact Location Of Accident	BRADDELL RD >> BARTLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8649R
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD (CO
Co Reg No	199303821R
Email Address	FLEETSIFTY@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	CHEW CHEONG PENG
NRIC No	S1845727Z
Date Of Birth	31/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1984
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90843332
Fax Number	
Contact Number	
Email Address	MRALEXCHEW@YAHOO.COM

Address	155 09-754 ANG MO KIO AVENUE 4
Postcode	560155
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

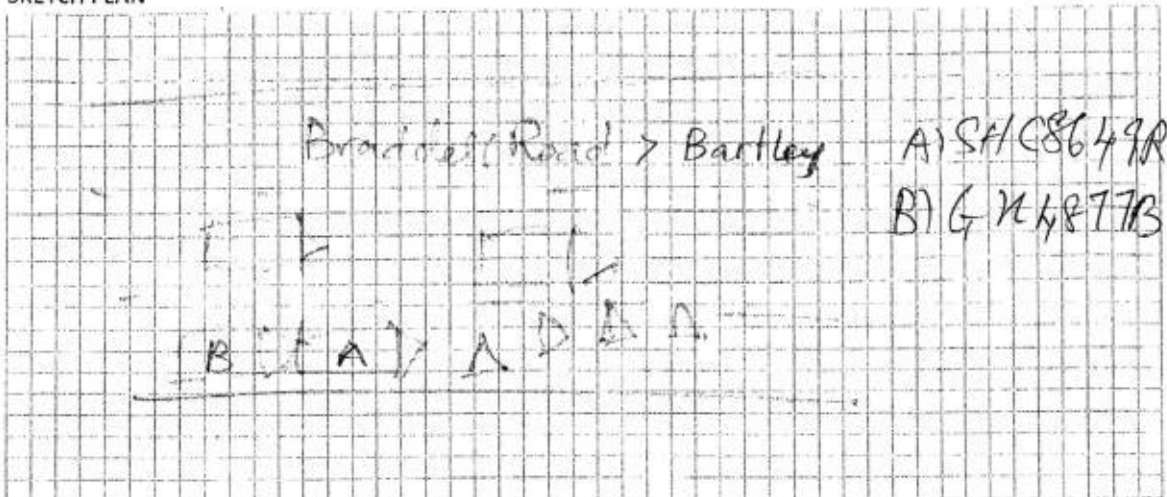
Vehicle Registration Number	GX4877B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD KHAIRUDIN BIN NOORDIN
NRIC/Passport Number	S8204836G
Contact Number	97905774
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHEW CHEONG PENG
Approximate Age	62
Injuries Sustain	NECK, SHOULDER
Injured person in which vehicle?	SHC8649R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/8/19 at about 1040hrs while I Veh A
placed
noticed cones ahead closing the lane and
stopped. Veh B collided onto the rear
left portion of my stationary vehicle.
Veh B was damaged on the front right
portion. I felt pain on the neck and shoulder
and was given 2 days MC.

DECLARATION

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

UNIFORM TRANSPORTATION

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/8/19 @ 1030h

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SR Moorthy
GSO
18/8/19

IMPORTANT NOTICE

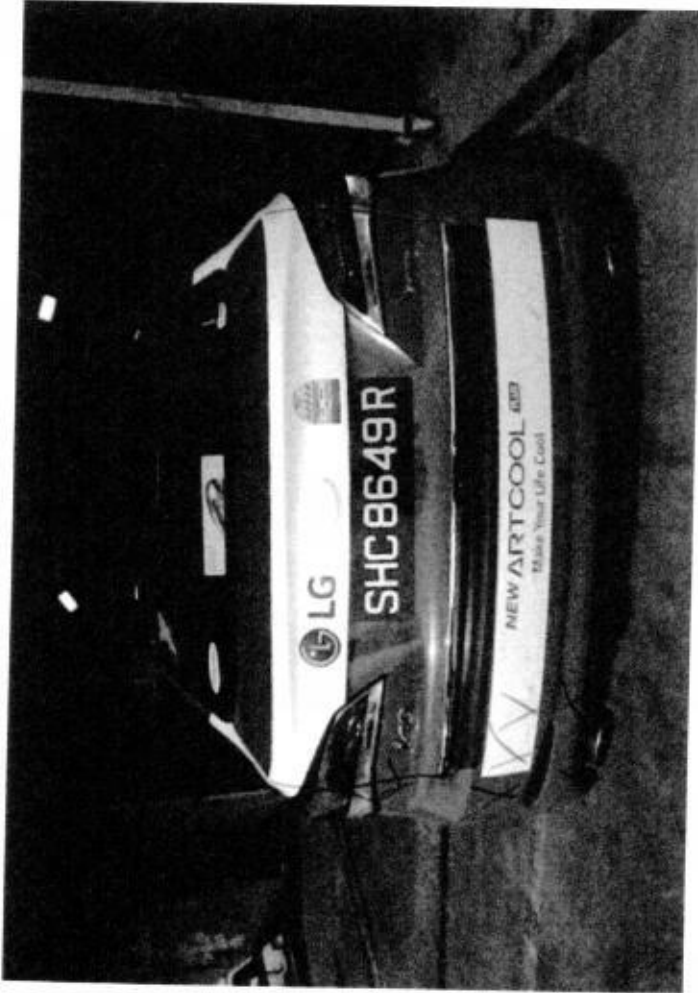
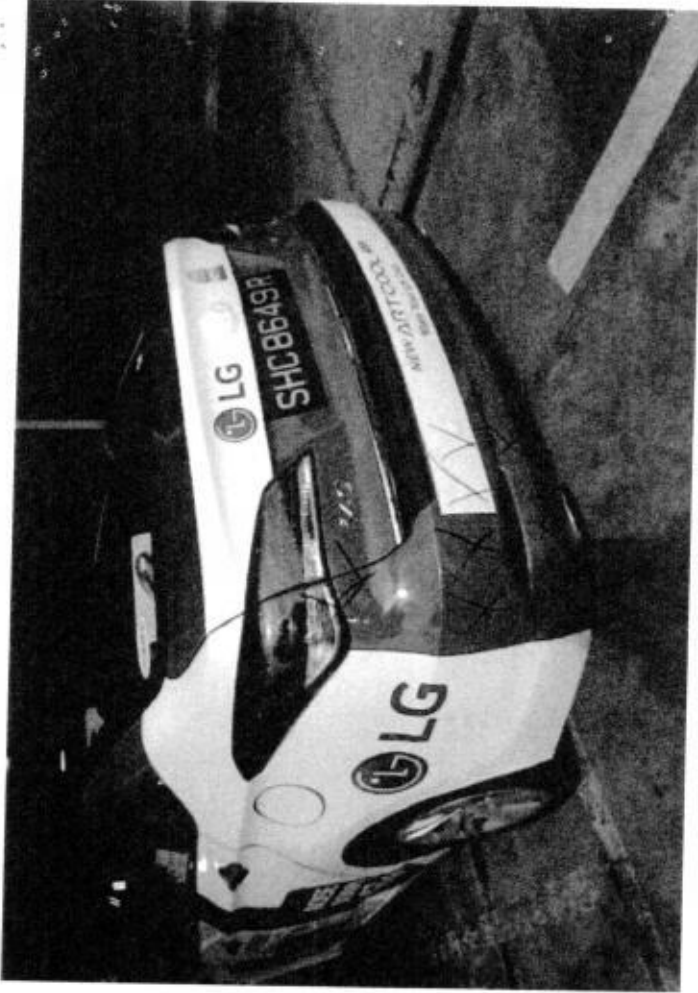
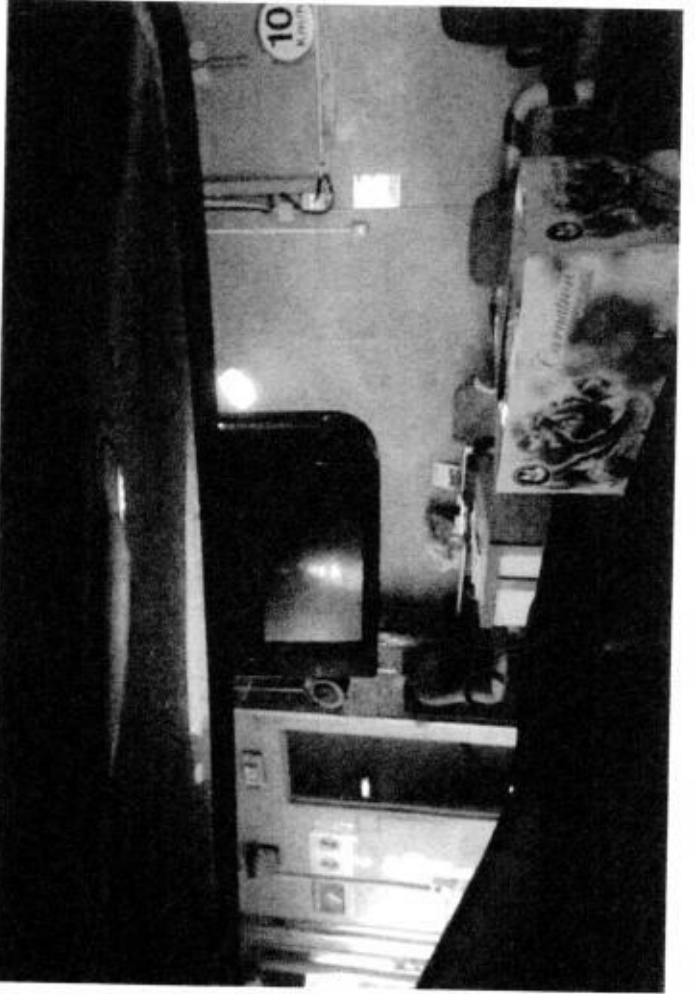
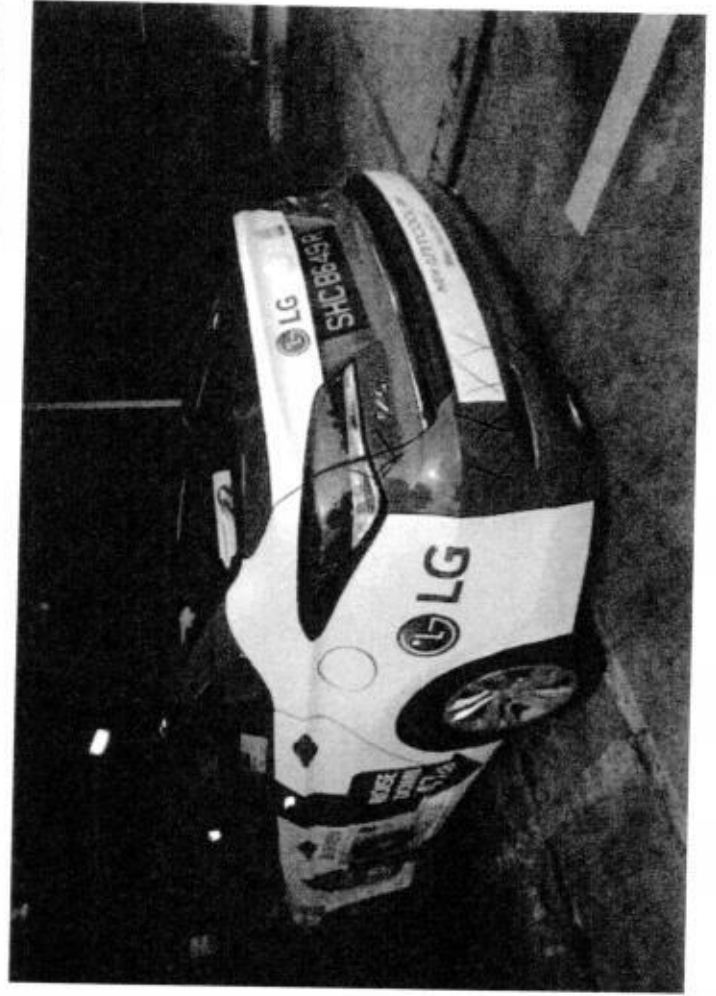
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)**

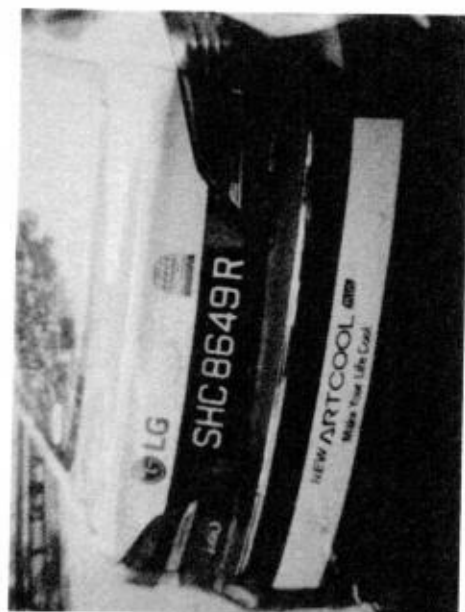
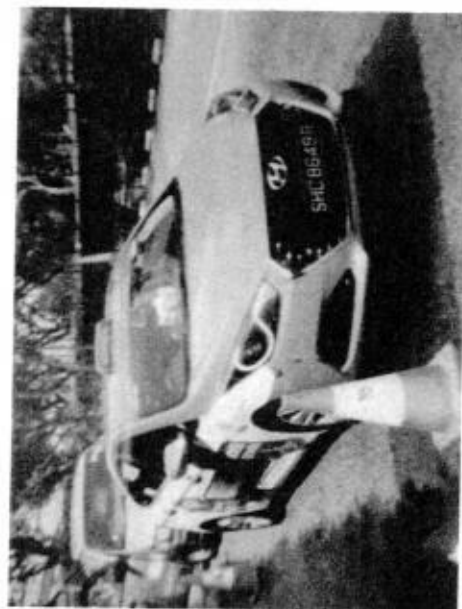
I understand, acknowledge, agree and consent that:

- (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.

Policyholder's Signature _____
 Date & Time: _____
 REG. NO. 19970382 (If driver is not the policyholder)
 Date & Time: 18/8/19 010300

SR Moorthy
 GSO 18/8/19
 Reporting Centre Personnel's Signature _____
 Name: _____
 NRIC/FIN No.: _____





Date/Time: 19.08.2019 09:40

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305325505

TOMER

MS. COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

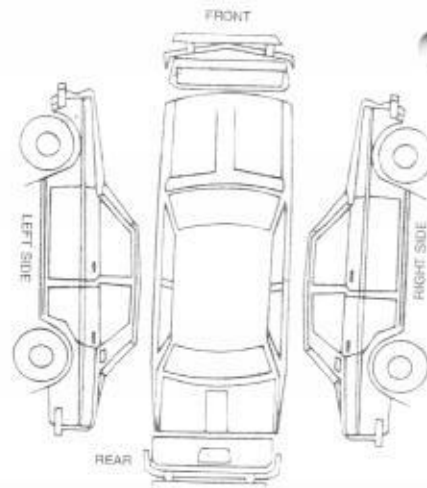
OUNT CARD NO.

REGN NO. SHC8649R	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 18.08.2019 09:30
YR OF MANUF 29.12.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU083000	COMPLETION DATE/TIME

Accident Date: 17.08.2019
NATURE: 3P 17.08.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

idgement Slip

Exit Pass

o.: SHC8649R

JU NTUC LKK

Vehicle No.:

SHC8649R

Service Advisor

Signature/Date

Name of Service Advisor

Date

rned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8649R

DATE 19/8/2019 9:56

MAKE :

MODEL : HYUNDAI i40

NTUC-JU
L/Sun

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X mpr</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>X</i>			\$ 22.00	
	Tail Lamp (LH) <i>X old pny</i>			\$ 697.80	
	SUB TOTAL			\$ 1,272.80	
	LESS 20%			\$ 254.56	
	DISCOUNTED TOTAL			\$ 1,018.24	
	Rear Bumper Advertisement Logo <i>- ne</i>			\$ 50.00	Nett
	Rear Bumper Rubber Mat <i>X "</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>✓ ne</i>	\$	100.00	\$ 200.00	Nett
				\$ 300.00	
	Labour Charge				
	Panel Beating			\$ 400.00 <i>100</i>	
	Spray Painting Charge			\$ 300.00	<i>200</i>
	Wiring Charge			\$ 50.00	<i>X "</i>
	Remove/Refix Reverse Sensor			\$ 80.00	<i>X "</i>
	TOTAL LABOUR			\$ 830.00	
	ESTIMATE TOTAL			\$ 2,148.24	
<i>Kelvin (KK)</i> <i>19/8/19 1120h</i> <i>20yrs.</i> <i>4/5</i> <i>After Repair</i>					
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.					

Our Job Ref No 30525505

Date : 20/08/2019

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

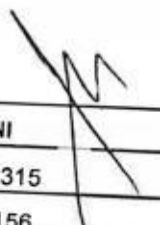
: SHC8649R


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 --- GX4877B
2. The finalized amount shall be:
(a) Spare Parts after List discount \$0.00
(b) Labour Charges ### \$550.00
Total for Part-By-Part Repair Cost \$550.00
(c) Lumpsum Repair (if applicable) ~
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:



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/INC19014494/K1vf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 23-08-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GX 4877B	Veh. Inspected	SHC 8649R
Policy No.	5096462168-01	Coverage (\$)	0.00
Claim No.	MT/1058524-002	Excess (\$)	0.00
Assign From		Assign Date	19/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU083000	Colour	BLUE
Odometer	410227	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 REAR N/S 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 8649R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	TAIL LAMP (LH)(CRACKED)	OLD DAMAGED	697.80	-
	LESS 20% DISCOUNT		-254.56	-
			1,018.24	-
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	250.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	100.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			830.00	300.00
GRAND TOTAL			2,148.24	550.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				550.00

Report Ref No. NS/INC19014494/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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