

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC19014496 / K2vf3n2

**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: Smm366Y

Policy No. \_\_\_\_\_

Claims No. MT 1059593-001

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: SHB 2438C Yr Regn: 22 Jun 2017

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

Truck / Trailer or

Make: Toyota Prius C.C. 1700Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 29 0043 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDKB3F4403559922Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD AR Rim orTyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or Parent:

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 18/8/19 D.O.I. 19/8/19Survey held at CJGE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	NO Policy Found
	Smm366Y: X
	SHB 2438C: CS/FC19013698/Kvf3n2 D.O.A: 23/6/2019
23/8/19	Interview 45 \$1050 / 2 hrs. (Red 670.60, 399)

RECEIVED: 1 AUG 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 27/8 - typist

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

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

Report Format: TPLump Sum / I.B.I. (\$) 1050/2

160

## Denise Tay (LKKAUTO)

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**From:** MTCL@income.com.sg  
**Sent:** Tuesday, 27 August 2019 11:27 AM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** FW: REQUEST CLAIM NUMBER  
**Attachments:** img272.jpg; Claims Form (NTUC) - i-motor.xls

Hi,

Claim created .

MT/1059593-001

With Regards

**Samsia**  
Senior Admin Assistant,  
Motor Insurance  
[www.income.com.sg](http://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](http://Income.com.sg/careers)**

**in** with you

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**From:** Denise Tay (LKKAUTO) [<mailto:denisetay@lkkauto.com>]  
**Sent:** Friday, 23 August 2019 3:38 PM  
**To:** MTCL@income.com.sg  
**Subject:** RE: REQUEST CLAIM NUMBER

Dear Samsia,

Enclosed SMM 366Y LTA search that is NTUC

Best Regards,

**Denise Tay** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** MTCL@income.com.sg <[mtcl@income.com.sg](mailto:mtcl@income.com.sg)>  
**Sent:** Friday, 23 August 2019 2:43 PM  
**To:** Denise Tay (LKKAUTO) <[denisetay@lkkauto.com](mailto:denisetay@lkkauto.com)>  
**Subject:** FW: REQUEST CLAIM NUMBER

**Enquire Vehicle Insurance Details**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SMM366Y	18 Aug 2019 / 04:50:00	Successful	N12	NTUC INCOME INS CO-OP LTD

[Previous](#)[OK](#)

SUB 2438 B

## 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 08:15
Date Of Accident	18/08/2019 04:50
Exact Location Of Accident	ALONG CLEMENCEAU AVE TOWARDS PENANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2438C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	199502839G
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	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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	LEE BOON HIAN
NRIC No	S1273355J
Date Of Birth	17/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	10/08/1982
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85717523
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	223A #13-177 SUMANG LANE
Postcode	821223
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?	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)	1

#### 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	SMM366Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIU JUAN
NRIC/Passport Number	S9174506B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1

## SKETCH PLAN

A = SUB 24388

B = 8mm 3664  
(8mm)

HOUSE OF  
MOM TODE  
MCC

PERMANENT  
FD

de

A  
B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

CLEMENTINE AVE

## DECLARATION

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

CITYCAB PTE LTD  
CO-REG. NO. 199502839  
Policyholder's Signature  
Date & Time:

C:\APR\SketchPlanForm\_V3

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

Olivia Wendy

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 18 AUG 2019

**Describe Circumstances of the Accident.**

On the 18/08/2019 @ about 04:50hrs, I was driving along Clemenceau Ave towards Penang Rd

direction with no passenger on board my taxi.

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 vehicle of SMM366Y front portion had


collided onto my right rear portion of my taxi.

No injury at the point of accident.

**Declaration**

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

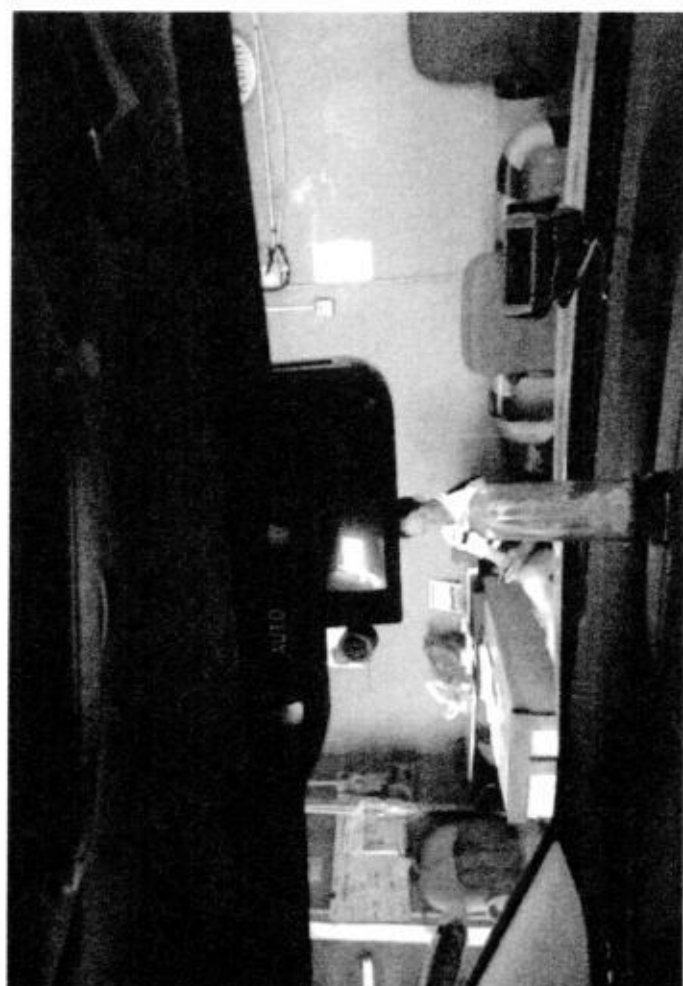
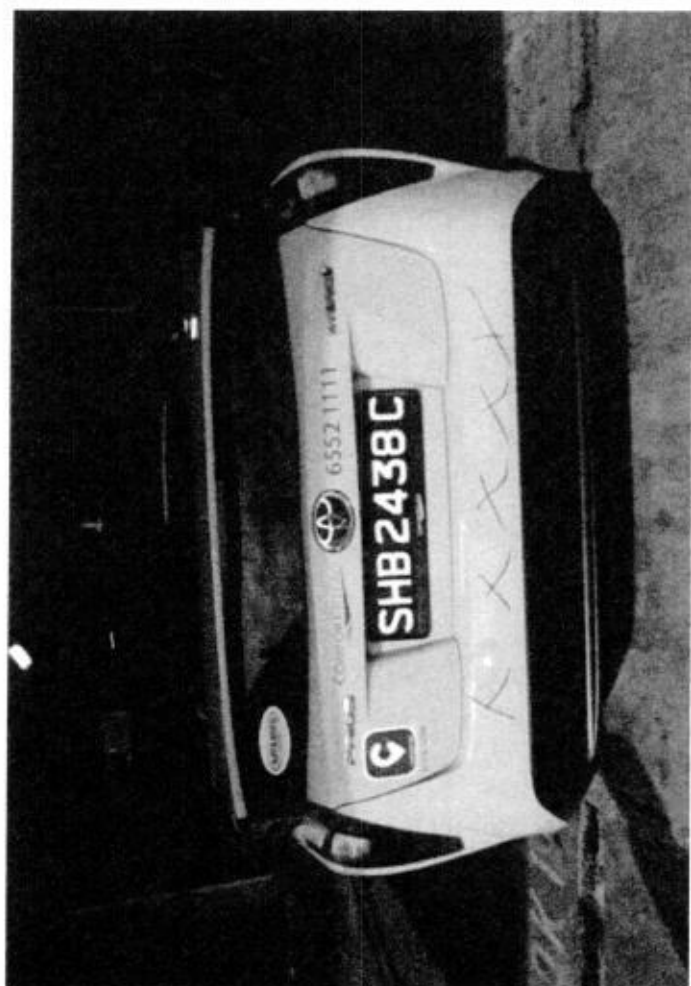
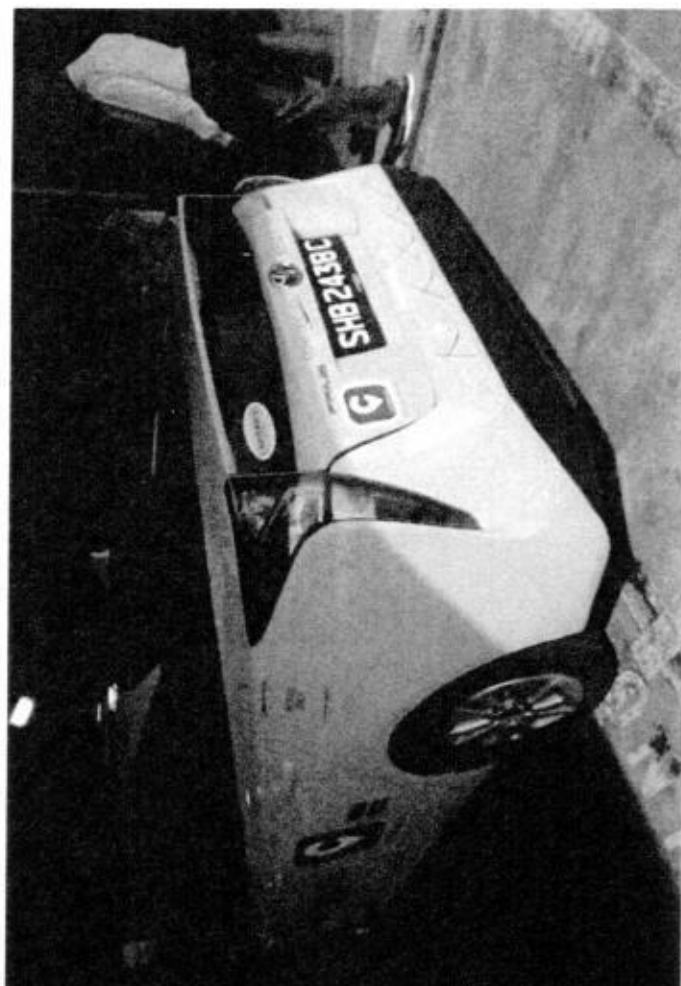
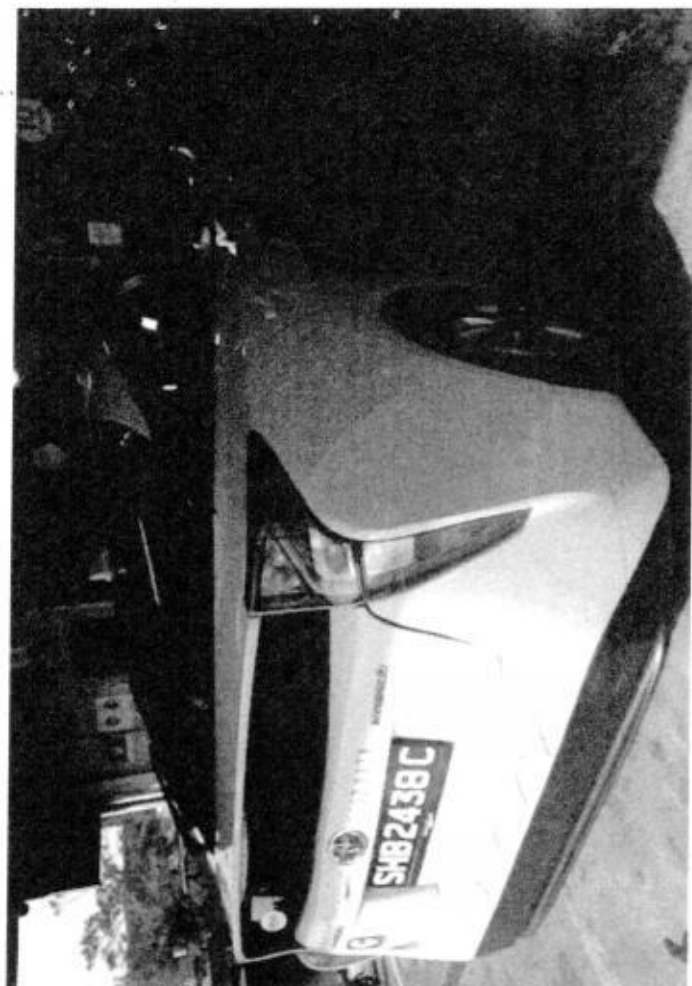
CITYCAB PTE LTD  
CO. REG. NO. 199502839  
Policyholder's Signature/Date &  
Time

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

  
Witnessed by Reporting  
Centre Personnel

18 AUG 2019









### Workshops

member of COMFORTDELGRO

Date/Time: 19.08.2019 15:10 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305325728

TOMER

AS CITYCAB PTE LTD

7010070

TOMER NO. 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65551188

(R)

(O)

(P)

OUNT CARD NO.

REGN NO. SHB2438C

MILEAGE

MAKE : TOYOTA

FUEL

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

MODEL PRIUS HYBRID(G4)19.08.2019 10:00

DATE/TIME IN

YR OF MANU 22.06.2017

TARGET DATE

CHASSIS CODE JTDBK3FU403559922

COMPLETION DATE/TIME

### JOB DESCRIPTION

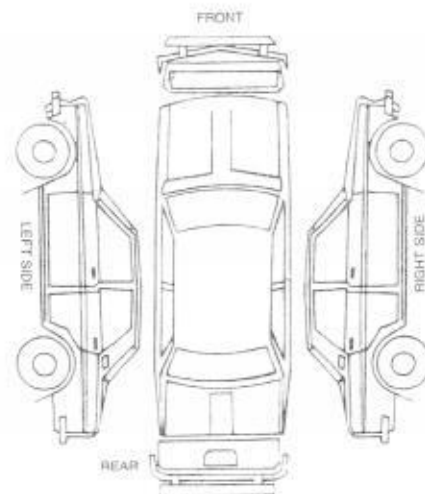
Accident Date: 18.08.2019

NATURE: 3P 18.08.2019

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.:

SHB2438C

LKE

Vehicle No.:

SHB2438C

if Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

## REPAIR ESTIMATE

VEHICLE NO: SHB 2438C

**MAKE :**

**MODEL : TOYOTA PRIUS**

19/8/2019 10:31

MODEL	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	REAR BUMPER			\$ 458.60
	REAR BUMPER UNDER COVER			\$ 552.60
	REAR BUMPER CLIPS			\$ 22.00
	SUB TOTAL			\$ 1,033.20
	LESS 25%			\$ 258.30
	DISCOUNTED TOTAL			\$ 774.90
	REAR BUMPER REVERSE SENSOR		-10%	\$ 135.70
	LABOUR CHARGE			
	Panel Beating			\$ 200
	Spray Painting Charge			\$ 200
	Wiring Charge			\$ X 30.00
	Remove/Refix Reverse Sensor			\$ 30
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,720.60

Kalina 160cc  
 19/8/14 1535 hrs.  
 2 Days  
 4s  
 After Repair-plate

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 305325728  
Date : 22.08.19

## COMFORTDELGRO ENGINEERING

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



### FINALIZATION FORM

To : LKK  
Attn : Mr KALVIN ANG  
Vehicle Reg No. SHB2438C CCPL

Fax :

18.08.19

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

1. The repair job shall bill to: NTUC --- SMM366Y
  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% \$1,050.00  
Final Lumpsum Repair cost \$1,050.00
  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.  
  
Signature : LIM KWOK ENG  
Name : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156
- We confirm the estimates and finalized amount  
  
Signature : KALVIN ANG  
Name : KALVIN ANG  
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		NO		
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/INC19014496/K1vf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 28-08-2019



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMM 366Y	Veh. Inspected	SHB 2438C
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1059593-001	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.	2017
Chassis No.	JTDKB3FU403559922	Colour	YELLOW
Odometer	290043	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 REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	18/08/2019	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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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**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 2438C**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 25% DISCOUNT		-258.30	-258.30
			774.90	774.90
<b>NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
<b>LABOUR</b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			810.00	430.00
<b>GRAND TOTAL</b>			<b>1,720.60</b>	<b>1,327.03</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,050.00</b>

Report Ref No. NS/INC19014496/K1vf3n2

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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