

(08/11/13)

Surveyor: Kalvin

REF: *

NS/INC 19014821 / K29f3m2

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: SJP 3626Y

Policy No: _____

Claims No: MT/1058974-002

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 Report: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 7132R Yr Regn: 10 Nov, 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Truck~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 475/86 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB41004H1096281Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD/Rim or

Tyre Size: F: 205/60 R16R: 7

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

TOYO / YOKO or HankookFront 7 mm Rear 7 mmR/Bal. 7 mm L/Bal. 7 mmD.O.A. 22/8/19 D.O.I. 22/8/19Survey 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
	NO Policy <u>INC</u>
	SHD 7132R : CS/112/12/147/18/12/2018 D.O.A. 28/8/2018 <u>4s.</u>
	SJP 3626Y - X
23/8/19	<u>Calvin</u> <u>1/5 \$1700/ 2 Pys. (Ref P 2090-88, 55%)</u>

RECEIVED 27 AUG 2019

Date/Time, File Pass to?

1) 22/8/19 ☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:

S + RS: \$ _____

Photos

160

Shiau Chan (LKKAUTO)

From: MTCL@income.com.sg
Sent: Tuesday, 27 August 2019 11:04 AM
To: Shiau Chan (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim 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: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Monday, 26 August 2019 2:49 PM
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 : 26/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Di
1	MT/1058924-002	COMFORT TRANSPORTATION PTE LTD	SHD 7132R	SJP 3626Y	

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

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	22/08/2019 14:38
Date Of Accident	22/08/2019 09:40
Exact Location Of Accident	ALONG OPHIR RD TOWARDS NORTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7132R
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	SUM CHEE KUEN
NRIC No	S1797130A
Date Of Birth	22/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	05/04/1994
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98445363
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 739 PASIR RIS DRIVE 10 #11-11
Postcode	510739
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	SJP3626Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO CHIAP KIM
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

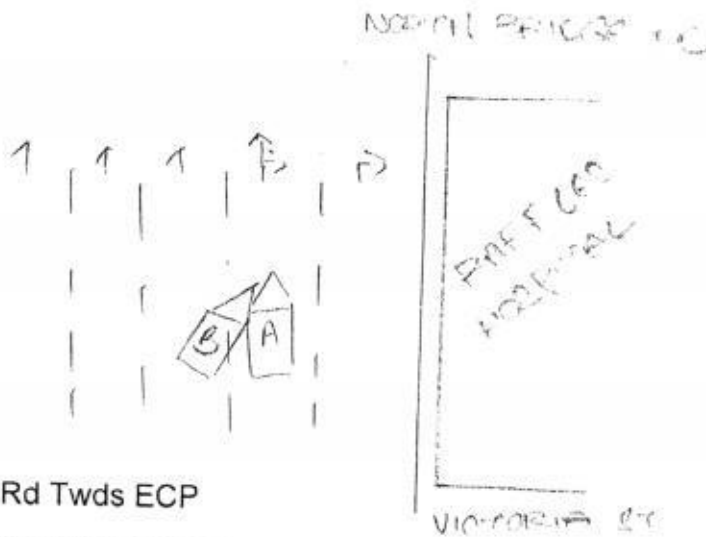
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 27 AUG 2011

Sketch Plan Pg. 2

SKETCH PLAN



A- SHD 7132R
B- SJP 3626Y

Along Ophir Rd Twds ECP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22.08.2019 @ 0940hrs I was travelling along Ophir Rd Twds ECP with one female passenger onboard.

As I was travelling straight suddenly veh(B) SJP 3626Y cut into my lane and hit onto my vehicle ~~left~~ ^{front} portion.

As it took place too fast I could not take evasive action to prevent the accident.

I have company video and photos at scene to support my claims

No injury in the accident.

Veh(B) SJP 3626Y MR Teo Chiap Kim

DECLARATION

DECLARATION

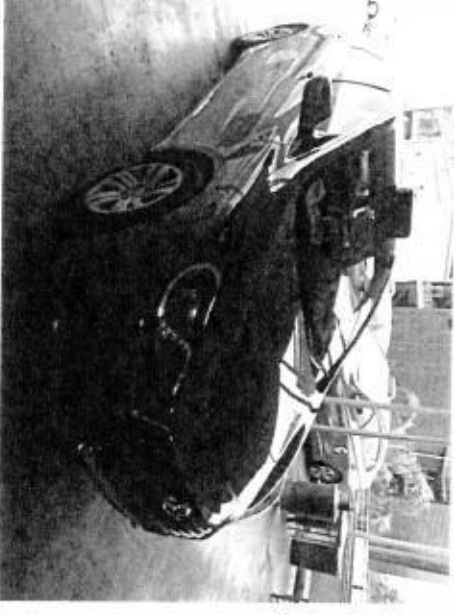
I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

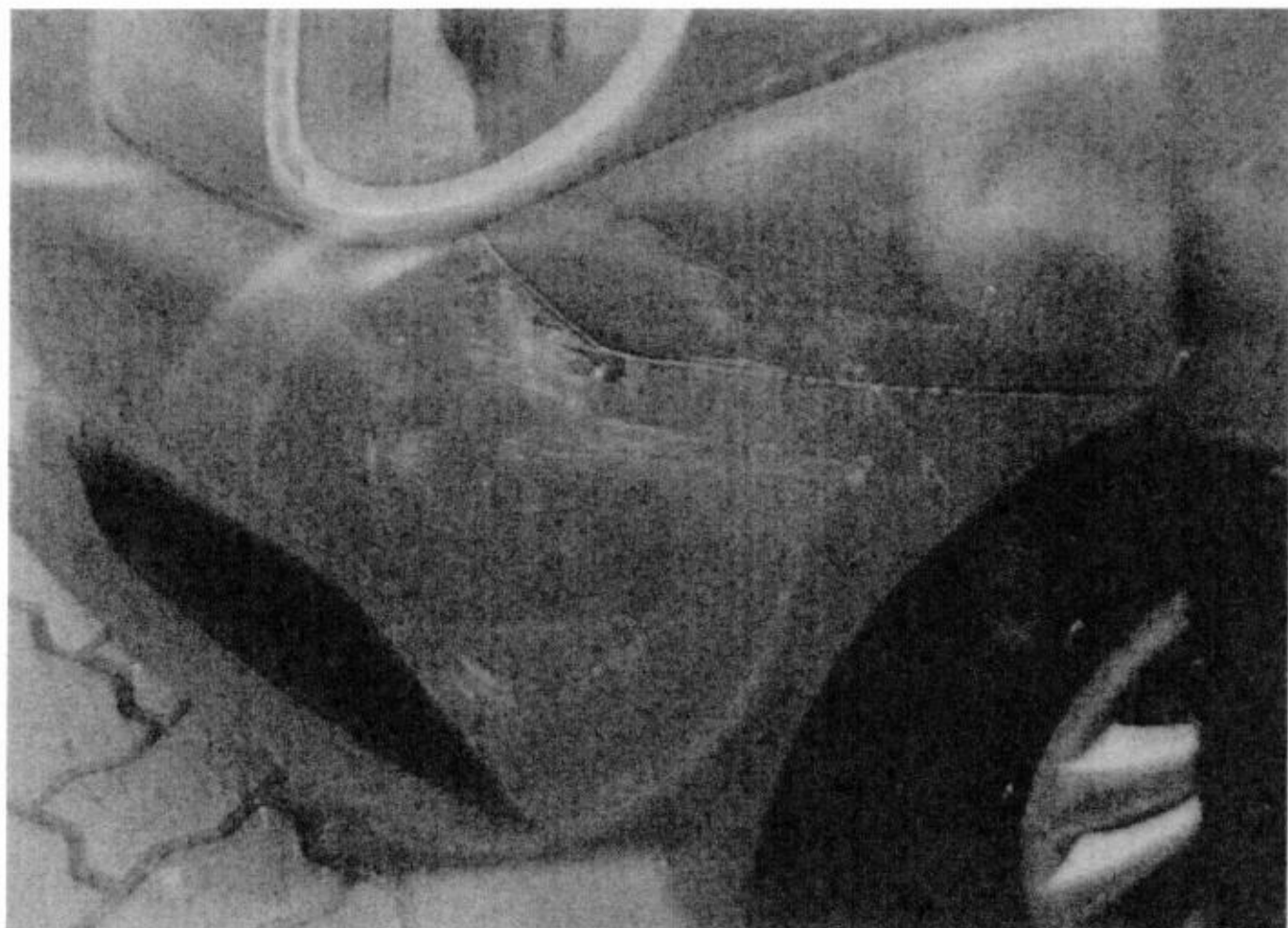
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 22.08.2019@1200HRS

Reporting Centre Personnel's Signature
Name:





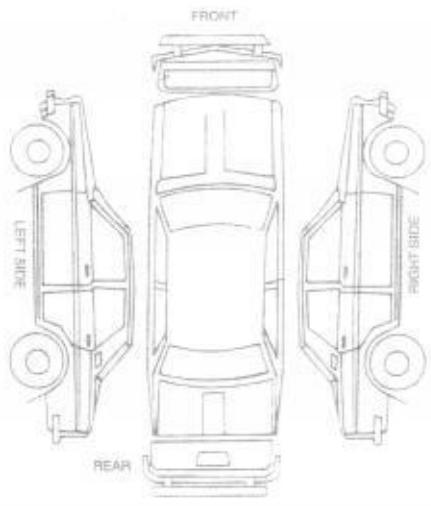
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305326871

OWNER	REGN NO.: SHD7132R	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL
7010045		E.....1/2.....F
OWNER NO. 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 22.08.2019 10:50
TESS Singapore SINGAPORE 575717	YR OF MANU 10.11.2016	TARGET DATE
65508755 (R) (P) (O)	CHASSIS CODE KMHLB41UMHU096281	COMPLETION DATE/TIME:
COUNT CARD NO.		

Accident Date: 22.08.2019
NATURE: 3P 22.08.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Delivery Slip	Exit Pass
No.: SHD7132R JU NTUC LKK	Vehicle No.: SHD7132R
Signature/Date	Name of Service Advisor Date
turned to Service Reception upon collection	To be kept by Security Guard

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305326871
 REGN NO : SHD7132R
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 10.11.2016
 DATE/TIME IN : 22.08.2019 10:50
 ACCIDENT DATE : 22.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76	cut
0002 04-01-0103-0781-A	I40V2 LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40	X sue
0003 04-01-0103-0574-A	I40VC PANEL-FENDER LH+	1	566.30	20.00	453.04	2.140.1
0004 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	107.10	20.00	85.68	hazad

SUB-TOTAL : 2,490.88

JOB NATURE

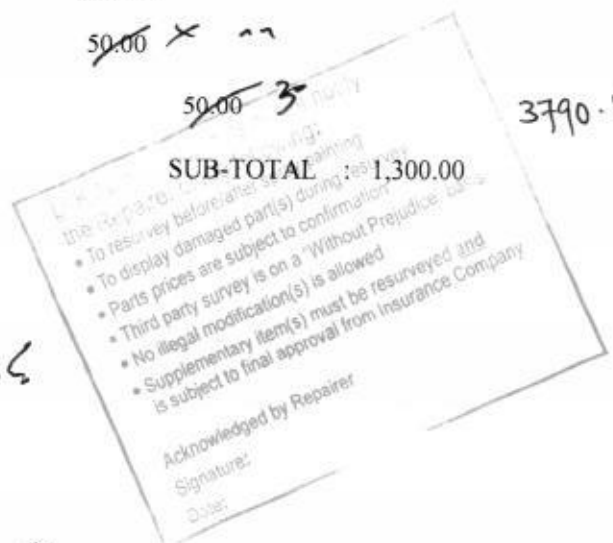
0000 PB	PANEL BEATING
0001 SP	SPRAYPAINT CHARGE
0002 17-01	CHECK ALL LIGHTING
0003 20-00	TUFF COAT ON AFFECTED PARTS.

~~600.00~~ 300~~600.00~~ 400~~50.00~~ X 11~~50.00~~ 3

SUB-TOTAL : 1,300.00

3790.88

Ka hi (CCK)
 22/8/11 16:05
 2000
 US
 Ather Rgn p th



Our Job Ref No 305326871

Date 23/08/2019

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

To : LKK

Fax :

Attn : KALVIN

: SHD7132R

Date of Accident : 22/08/2019

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

1. The repair job shall bill to: NTUC --- SJP3626Y
###
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% **\$1,700.00**
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 : K9/luh

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		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/INC19014821/K1qf3n2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-08-2019
189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJP 3626Y	Veh. Inspected	SHD 7132R
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1058924-002	Excess (\$)	0.00
Assign From		Assign Date	22/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU096281	Colour	BLUE
Odometer	475186	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	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	22/08/2019	Inspection Date	22/08/2019
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. SHD 7132R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	I40V3 BUMPER W LIP & FOG	CUT	1,052.20	1,052.20
1	I40V2 LAMP ASSY-HEAD LH	SERVICEABLE	1,388.00	-
1	I40VC PANEL-FENDER LH	BUCKLED	566.30	566.30
1	I40VC CAP ASSY-WHEEL HUB	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-622.72	-345.12
			2,490.88	1,380.48
LABOUR				
	PANEL BEATING.	NOT NECESSARY	600.00	300.00
	SPRAYPAINT CHARGE.		600.00	400.00
	CHECK ALL LIGHTING		50.00	-
	TUFF COAT ON AFFECTED PARTS.		50.00	30.00
			1,300.00	730.00
GRAND TOTAL			3,790.88	2,110.48
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,700.00

Report Ref No. NS/INC19014821/K1qf3n2

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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