



eBaoTech

GeneralClaim

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## 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 type="radio"/>	5107457862		KHIM SEAH ENTERPRISE PTE LTD	200206061K	GFT	Third Party	PA7701U	PA7701U	09/02/2019	

## Denise Tay (LKKAUTO)

**From:** MTCL@income.com.sg  
**Sent:** Monday, 7 October 2019 5:08 PM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** FW: REQUEST CLAIM NUMBER

Hi

All claim created.

With Regards

**Azlin Rani**  
Senior Administrator, Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)



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in with you

**From:** Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]  
**Sent:** Monday, 7 October 2019 10:21 AM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 07/10/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1065297-002	Comfort Delgro	SH 9609T	SJS 8367X	2/10/2019	09:35	2,044.26	881
2	MT/1065352-002	Comfort Delgro	SHA 4441J	PC 1517P	02/10/2019	13:50	6374.50	2650
3	MT/1065308-002	Comfort Delgro	SHA 1533Y	PA 7701U	2/10/2019	18:45	4,111.52	2000
4	MT/1064826-002	SMART BUSES	SMB 1386R	SLX 5360J	27/09/2019	08:05	2215.7	450

## 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	03/10/2019 11:40
Date Of Accident	02/10/2019 18:45
Exact Location Of Accident	MCCALLUM ST X CECIL ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1533Y
<b>Insured/Policyholder</b>	
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	IONIQ
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	LAI KOI SEM
NRIC No	S1723722E
Date Of Birth	04/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	24/08/1985
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96395334
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 505B YISHUN STREET 51 #04-32
Postcode	762505
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	RAINING
Road Surface	WET

#### 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

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	PA7701U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT CENTRE
No. Of Passenger (Including Driver)	

**IMPORTANT NOTICE**

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**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.

COMFORT TRANSPORTATION PTE. LTD.  
CO. REG. NO. 109393E21R

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.:

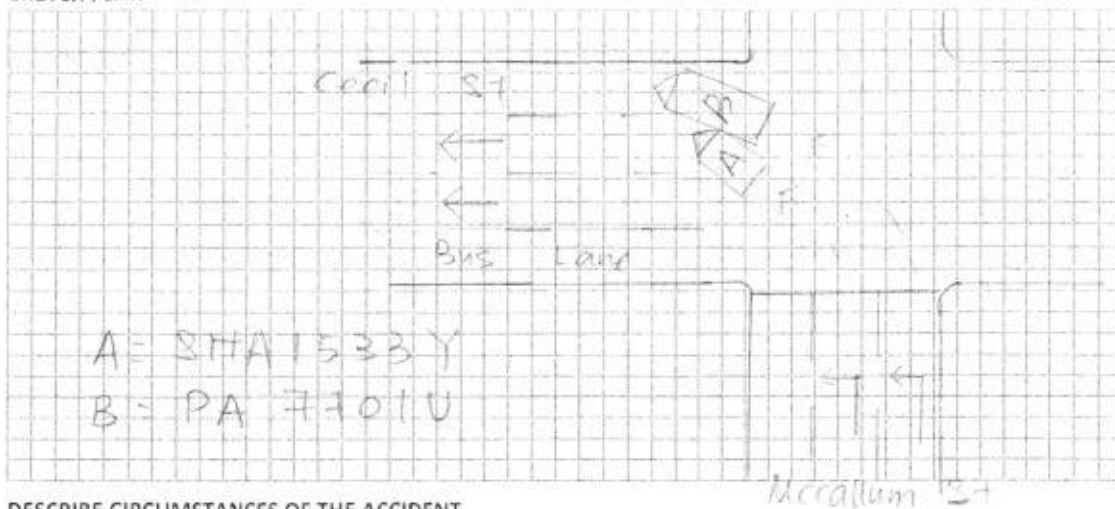
Loke Wai Yiong

GIA/NAIC Sketch Plan Form\_V3



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/10/19 at about 18:45 hrs, I was turning left at above said junction as traffic light at my favour. I immediate stop my taxi upon noticed Vch B bus encroached into my lane, however Vch B move on and it left centre portion hit & grazed onto the front right portion of my stationary taxi. No passenger in my taxi. No injury reported in this accident.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG NO. 189303621R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Loke Wai Yeng  
NRIC/FIN No.:

CLM001, SketchPlanPg02, V3







Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305338298

OMER

COMFORT TRANSPORTATION PTE LTD

IS 7010045

OMER NO. 383 SIN MING DRIVE

LESS Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

OUNT CARD NO.

REGN NO.: SHA1533Y

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL IONIQ

DATE/TIME IN 03.10.2019 09:45

YR OF MANU 17.03.2017

TARGET DATE

CHASSIS CODE RMHC851CVHU022750

COMPLETION DATE/TIME:

### JOB DESCRIPTION

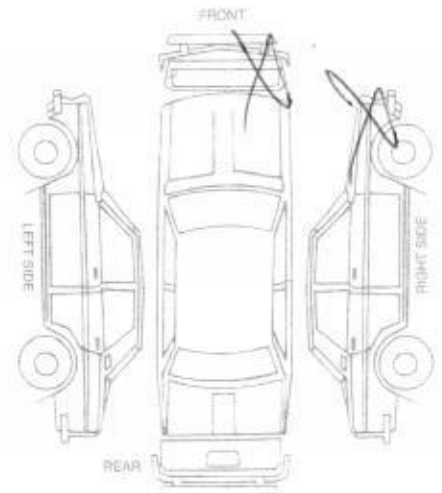
Accident Date: 02.10.2019

NATURE: 3P 02.10.19/C

S/NO

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.:

SHA1533Y

JU NTUC LKK

Vehicle No.:

SHA1533Y

/ Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 1533Y

DATE 3/10/2019 14:29

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover / <i>int</i>			\$ 418.30
	Front Bumper Bracket Top (RH) <i>x su</i>			\$ 35.00
	Front Bumper Bracket (RH) <i>x su</i>			\$ 28.00
	Front Bumper Clips 10 pcs <i>ne</i>			\$ 22.00
	Headlamp (RH) / <i>hazrd</i>			\$ 1,198.80
	Day Light, RH <i>x su</i>			\$ 642.50
	Front Fender (RH) / <i>Bubbl</i>			\$ 490.70
	Front Fender Shield (RH) <i>x su</i>			\$ 114.70
	Front Fender Retainer <i>x su</i>			\$ 41.40
	Emblem-Blue Drive (RH) / <i>ne</i>			\$ 26.60
	Front Wheel Hub Cap (RH) <i>x su</i>			\$ 346.40
	<b>SUB TOTAL</b>			<b>\$ 3,364.40</b>
	<b>LESS 20%</b>			<b>\$ 672.88</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,691.52</b>
	<b>Labour Charge</b>			<b>320</b>
	Panel Beating			\$ <del>700.00</del>
	Spray Painting Charge			\$ <del>500.00</del> <b>400</b>
	Wiring Charge			\$ <del>50.00</del> <b>30</b>
	Tuff Kote			\$ <del>50.00</del> <b>20</b>
	Frt Wheel Alignment			\$ <del>120.00</del> <b>x 2</b>
	<b>TOTAL LABOUR</b>			<b>\$ 1,420.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 4,111.52</b>
<div> <div> <i>Calvin KICK</i>  <i>3/10/19 1505h</i>  <i>2 Pys</i>  <i>U/S</i>  <i>After Repair</i> </div> <div> <i>Signature:</i>  <i>Date:</i> </div> </div>				
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 305338298

Date : 04/10/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA1533Y

305333809 02/10/19

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

1. The repair job shall bill to: NTUC --- PA7701U  
###

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%

**\$2,000.00**

**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 amount

Signature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 7/10/19

### 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/INC19017481/K1sf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 11-10-2019



Code: INC4

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

Insured Veh.	PA 7701U	Veh. Inspected	SHA 1533Y
Policy No.	5107457862	Coverage (\$)	0.00
Claim No.	MT/1065308-002	Excess (\$)	0.00
Assign From		Assign Date	03/10/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHC851CVHU022750	Colour	BLUE
Odometer	389107	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 O/S FRONT PORTION. DAMAGES SEE DETAILS.
---------------------------------------------------------------------------------

### 5. General Information

Accident Date	02/10/2019	Inspection Date	03/10/2019
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. SHA 1533Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	CUT	418.30	418.30
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	35.00	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	28.00	-
10	FRONT BUMPER CLIPS	NECESSARY	22.00	22.00
1	HEADLAMP (RH)	GRAZED	1,198.80	1,198.80
1	DAY LIGHT, RH	SERVICEABLE	642.50	-
1	FRONT FENDER (RH)	BUCKLED	490.70	490.70
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	114.70	-
1	FRONT FENDER RETAINER	SERVICEABLE	41.40	-
1	EMBLEM-BLUE DRIVE (RH)	NECESSARY	26.60	26.60
1	FRONT WHEEL HUB CAP (RH)	SERVICEABLE	346.40	-
	LESS 20% DISCOUNT		-672.88	-431.28
			2,691.52	1,725.12
<b>LABOUR</b>				
	PANEL BEATING.		700.00	320.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,420.00	770.00
<b>GRAND TOTAL</b>			<b>4,111.52</b>	<b>2,495.12</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>2,000.00</b>

Report Ref No. NS/INC19017481/K1sf3n2

  
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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