

(08/11/13)

Surveyor: KalvinREF: NS/INC190178601 KLSF352

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: SMK 5058P

Policy No. _____

Claims No. MT/1066125-002

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 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: SHA 4545T Yr Regn: 30 Dec, 2011Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai Santa c.c. 1991Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 821013 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET41VMB820539Gen. 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: 215/60R16

R: _____

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

TOYO / YOKO or Har/Kok

Front Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 8/10/19 D.O.I. 8/10/19Survey held at C/DHE (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
	<u>unreleased to Rep</u>
	<u>Referred to Scrp</u>
	<u>NO POLICY</u> Submit Total Loss as unreleased to repair.
	<u>SHA 4545T - CC3 / AIG 16014592 / m1119542</u> DCA-02/09/2016
	<u>SMK 5058P - X</u>
	<u>Nett value - \$1875.25</u>
	<u>Book Value - \$11,972.25</u>
	<u>LTA - \$10,097.00</u> <u>Nett - \$1,875.25</u>

Date/Time, File Pass to?

14/10/191) Typ: C

Date/Time, File Return to?

2) _____

☐ : Prel. Report☒ : Final ReportDays Of Repair: 1Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

Total Loss

RECEIVED 14 OCT 2019

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Monday, 14 October 2019 11:24 AM
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

 income
made different



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: Monday, 14 October 2019 10:14 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 14/10/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1066181-002	Comfort Delgro	SHC 1291J	PC 5616K	7/10/2019	03:25	TOTAL LOSS	TOTAL LOSS
2	MT/1066242-002	Comfort Delgro	SH 8467S	SJS 1635T	9/10/2019	15:45	2,049.28	1,350
3	MT/1066125-002	Comfort Delgro	SHA 4545T	SMK 5058P	8/10/2019	07:30	TOTAL LOSS	TOTAL LOSS

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SMK5058P	08 Oct 2019 / 07:30:00	Successful	N12	NTUC INCOME INS CO-OP LTD

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

SHA 45457

SHA 4545T

$$\textcircled{1} \text{ cost of taxi} = 82070.91$$

$$\text{ARR } 65\% = 9711$$

$$\text{Depreciation} = (82070.91 - 9711) \div 96$$
$$= 753.75$$

$$\textcircled{2} \text{ Book value} = (753.75 \times 3) + 9711$$
$$= 11972.25$$

$$\textcircled{3} \text{ Net value} = 11972.25 - 10097$$
$$= \$1875.25$$

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305339609

COMER

COMFORT TRANSPORTATION PTE LTD

IS 7010045

COMER NO. 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TESS 65508755

(R) (O)
(P)

QUANTITY CARD NO.

REGN NO. SHA4545T

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL SONATA

DATE/TIME IN 08.10.2019 09:40

YR OF MANUF 30.12.2011

TARGET DATE

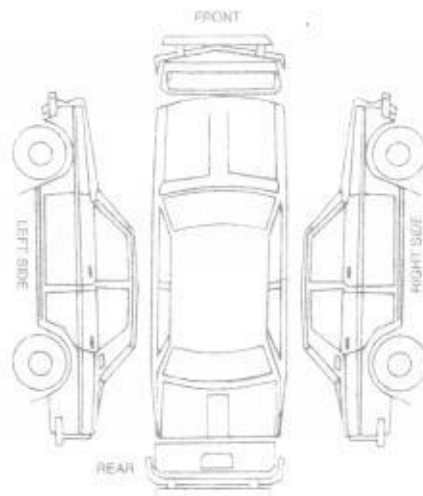
CHASSIS CODE KMHE41VMB820539

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 08.10.2019
NATURE: 3P 08.10.2019

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist

Exit Pass

No.: SHA4545T

LKE

Vehicle No.: SHA4545T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned 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	08/10/2019 10:25
Date Of Accident	08/10/2019 07:30
Exact Location Of Accident	PUNGGOL RD TWDS BUANKOK DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4545T
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	SONATA-2.0 (A)

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	GOH POH SENG
NRIC No	S1765873E
Date Of Birth	02/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	25/03/1987
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96689677
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 353 ANG MO KIO ST 32 #05-139
Postcode	560353
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

REFER 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	SMK5058P
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SONG JUN QUAN
NRIC/Passport Number	S8812264Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

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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.

COMFORT TRAVEL INFORMATION PTE. LTD.
COR. REG. NO. 190000000000000000

Policyholder's Signature
Date & Time:

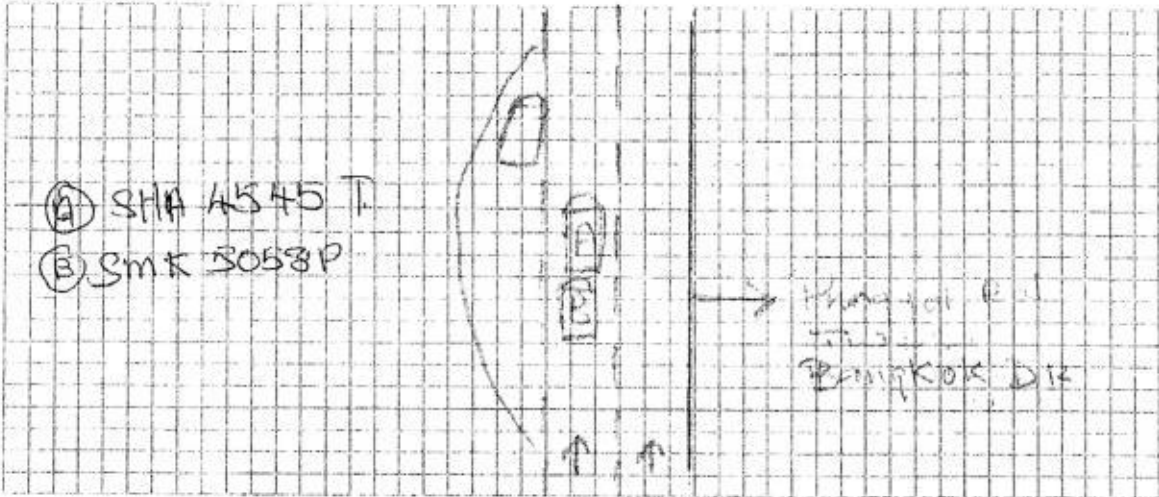
Driver's Signature
(If driver is not the policyholder)
Date & Time:

H. S. Manojan (GIA)
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

STAMPED - Photo of the vehicle



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/10/2019 at about 0730 hrs, I vehicle A was driving my taxi along punggol road toward bangkok Dir. on the inner lane. while I was going straight, I saw a car from my left is come out, Then I slow down to give way. Vehicle B Came from behind and bang onto vehicle A rear portion. No one was injured at that time.

DECLARATION

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

COMFORT SECURITY INSURANCE PTE LTD
CO. REG. NO. 199303521R

Policyholder's Signature
Date & Time:

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

N. G. Manu (11/10/19)

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SHA4545T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	11 Oct 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO
Primary Colour:	Blue
Manufacturing Year:	2011
Engine No.:	D4EAC068413
Chassis No.:	KMHET41VMBA820539
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,940.00
Original Registration Date:	30 Dec 2011
First Registration Date:	30 Dec 2011
Transfer Count:	0
Actual ARF Paid:	\$14,940.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Dec 2019
PARF Rebate Amount:	\$8,964.00

Intended COE Rebate Details

COE Expiry Date:	29 Dec 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$42,173.00
COE Rebate Amount:	\$1,133.00
Total Rebate Amount:	\$10,097.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 11 Oct 2019

OK



COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHA 4545T

DATE 8/10/2019 10:49

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid			\$ 1,349.50
	Boot Lid Lock Upper			\$ 132.10
	Boot Lid Lock Lower			\$ 30.30
	Boot Lid Sonata Plate			\$ 43.60
	Boot Lid Hyundai Plate			\$ 24.20
	Boot Lid 'H' Emblem			\$ 26.10
	Boot Lid CRDI Plate			\$ 22.70
	Boot Lid Lamp (LH/RH)		\$ 230.20	\$ 460.40
	Rear Bumper			\$ 578.40
	Rear Bumper Reinforcement			\$ 483.30
	Rear Bumper Clip			\$ 22.00
	Rear Bumper Bracket (LH/RH)		\$ 49.00	\$ 98.00
	Rear Bumper Sponge			\$ 137.40
	Rear Bumper Under Cover			\$ 185.80
	Rear Bumper Protector (LH/RH)		\$ 38.00	\$ 76.00
	Tail Lamp (LH/RH)		\$ 344.00	\$ 688.00
	Rear Panel			\$ 391.80
	Rear Panel Garnish			\$ 95.80
	SUB TOTAL			\$ 4,845.40
	LESS 20%			\$ 969.08
	DISCOUNTED TOTAL			\$ 3,876.32
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00
	Rear No. Plate			\$ 25.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 290.70
	Labour Charge			
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 1,380.00
	ESTIMATE TOTAL			\$ 5,547.02
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.				