

Veron Chen (LKKAUTO)

From: MTCL@income.com.sg
Sent: Monday, 21 October 2019 2:24 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR 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: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Monday, 21 October 2019 10:05 AM
To: MTCL@income.com.sg
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1066942-002	COMFORT TRANSPORTATION PTE LTD	SH 6229B	GBJ 7525E

D.O.A	Time of Accident	Estimate	Tentative repair cost
14/10/2019	14:45	\$3067.40	\$2564.60

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_B00601

[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 type="radio"/>	5069180637-04		WELLCOME MOTOR AGENCIES	39853800W	GFT	Comprehensive	GBJ7525E	GBJ7525E	05/08/2019	

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	14/10/2019 16:21
Date Of Accident	14/10/2019 14:45
Exact Location Of Accident	BEDOK RESEVOIR RD X KAKI BUKIT AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6229B
-----------------------------	---------

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	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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	NG MENG KWANG
NRIC No	S0092400H
Date Of Birth	19/04/1954
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1977
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90673372
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 428 BEDOK NORTH ROAD #07-607
Postcode	460428
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)	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	GBJ7525E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GANESAN S/O PONASAGARAN
NRIC/Passport Number	
Contact Number	97157478
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

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.

CONFIDENTIAL AND NOT BE RELEASED TO THE PUBLIC
WITHOUT THE WRITTEN AUTHORITY

Policyholder's Signature
Date & Time:

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

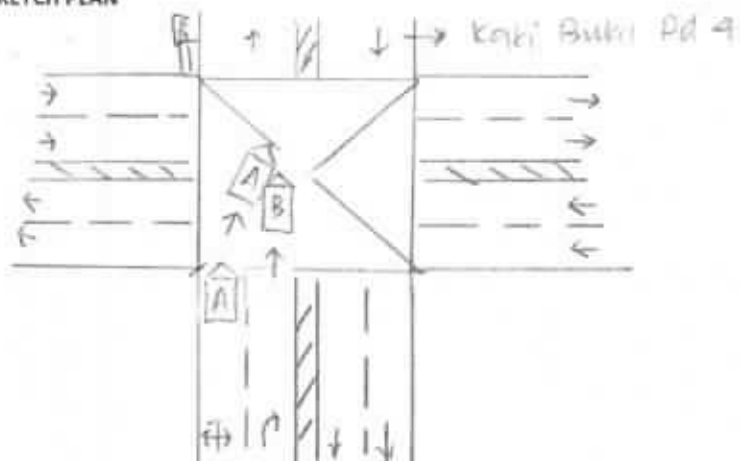
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Loke Vee Yieng

WARRANT Under Paragraph 10



SKETCH PLAN



A - SH 6229B
B - GBJ 7525E

Along Bedok Reservoir Road x Kaki Bukit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14.10.2019 at about 14:45 hours I was travelling along Bedok Reservoir Road x Kaki
Bukit with no passenger onboard .
While I was wanting to make a right turn at the traffic junction , suddenly veh B (GBJ 7525E)
proceed straight instead of making a right turn .
As it took place too fast I could not take evasive action to prevent the accident .
I have company and photos and video at scene to support my claims .
No injury in this accident .
Veh B (GBJ 7525E) - Mr Ganesan S/O Ponasagaran H/P : 9715 7478

DECLARATION

(We declare the foregoing particulars are true in every respect.)

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO.

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 14.10.2019
@ 16:00 hrs


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



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 30534134:

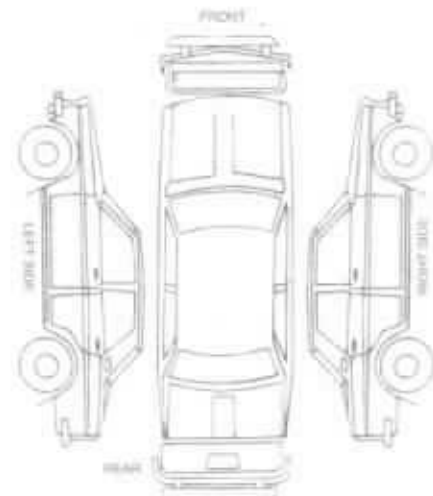
CUSTOMER	REGN NO: SH 6229B -		MILEAGE
	MAKE: TOYOTA		FUEL
	MODEL: PRIUS HYBRID(G4)		DATE/TIME IN
	YR OF MANU: 02.05.2019		TARGET DATE
	CHASSIS CODE: JTDKB3FU803080046		COMPLETION DATE/TIME
	DISCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 14.10.2019

NATURE: 3P 14.10.19

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Time:

Job No.:

Vehicle No.:

SH 6229B

CHIANG

Vehicle No.:

SH 6229B

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

MODEL : TOYOTA PRIUS

Chair name

[illegible]

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 18.10.2019
Time: 15:34:43
Page: 1

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

JOB NO : 305341343
REGN NO : SH 6229B
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 02.05.2019
DATE/TIME IN : 14.10.2019 15:05
ACCIDENT DATE : 14.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0592-G	PRIG4 PANEL SUB-ASSY FRON	1	1,264.00	25.00	948.00
0002 04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (1	53.50	25.00	40.12
0003 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	75.00	10.00	67.50
0004 04-01-0302-0573-A	PRIG4 FENDER SUB-ASSY FRO	1	945.30	25.00	708.97

SUB-TOTAL : 1,764.59

JOB NATURE

0000 PB	PANEL BEATING	320.00
0001 SP	SPRAYPAINT CHARGE	400.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	30.00
0003 20-02	REMOVE/REFIX DOOR PARTS TO ASSIST REP	50.00

SUB-TOTAL : 800.00

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508908
Fax: 6546 8156

Our Job Ref No : 305341343

Date : 19/10/19

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SH 6229B

14/10/2019

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

2 The repair job shall bill to: NTUC GBJ7525E

2 The finalized amount shall be:

(a) Spare Parts after List discount

\$1,764.⁶⁰₀₀

(b) Labour Charges

\$800.00

Total for Part-By-Part Repair Cost

\$2,564.⁶⁰₀₀

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

3 Estimated normal period for repairs: 3 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 : 

Signature : 

Name : CHIANG

Name : KALVIN

Tel : 62148314

Date : 21/10/19

Fax : 65468156

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/INC19018208/K1v13n2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 22-10-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBJ 7525E	Veh. Inspected	SH 6229B
Policy No.	5069180637-04	Coverage (\$)	0.00
Claim No.	MT/1066942-002	Excess (\$)	0.00
Assign From		Assign Date	15/10/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU803080046	Colour	BLUE
Odometer	51391	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	9 mm
L/H Front Tyre	195/65 R15	DAVANTI	9 mm
R/H Rear Tyre	195/65 R15	DAVANTI	9 mm
L/H Rear Tyre	195/65 R15	DAVANTI	9 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	14/10/2019	Inspection Date	15/10/2019
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:		3 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. SH 6229B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FENDER SUB-ASSY,FRONT RH	BUCKLED	945.30	945.30
1	FRONT FENDER SHIELD-RH	SERVICEABLE	196.60	-
1	FRONT FENDER SHIELD CLIP	NOT NECESSARY	3.80	-
1	FRONT FENDER HYBRID EMBLEM,RH	NECESSARY	53.50	53.50
1	PANEL SUB-ASSY,FRONT DOOR,RH	BUCKLED	1,264.00	1,264.00
	LESS 25% DISCOUNT		-615.80	-565.70
			1,847.40	1,697.10
NETT ITEMS				
1	FRONT DOOR COMFORT LOGO (N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-7.50
			75.00	67.50
LABOUR				
	PANEL BEATING.		500.00	320.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	30.00
	TRANSFER OF DOOR.		120.00	50.00
			1,220.00	800.00
GRAND TOTAL			3,142.40	2,564.60
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,564.60

Report Ref No. NS/INC19018208/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**

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.