

08/11/3

Surveyor: Kelvin

REF: NS/INC 19018316/Elv3n2

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/NS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: GBE 3002A

Policy No 50842444-02 (20/10/2018-19/10/2019)

Claims No MT/1067408-001

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 Rport: \_\_\_\_\_ 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: SH 72294 Yr Regn: 23 Jun, 2016

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1600

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 571269 T/Radio: Insured / Std / NI / NA

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

C/No: KMHL0410054091428

Gen. 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: 205/60R16

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

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

TOYO / YOKO or UdMa

Front R/Bal. 2 mm

Rear R/Bal. 2 mm

L/Bal. 2 mm

D.O.A. 12/10/19 D.O.I. 16/10/19

Survey held at C/DHE (Loyang)

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

O/S Front

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

Date / Time Action / Instruction

SH 72294 - NS/INC 1601562/46km 17/10/2019 INC

GBE 3002A - 43.

18/10/19 Check 45\$1000/ 2 days. (Red 1296.64, 56M)

RECEIVED 18 OCT 2019

Date/Time, File Pass to?  : Prell. Report

1)  : Final Report

Date/Time, File Return to?

2) 18/10 - typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS \$ \_\_\_\_\_

Photos

## Veron Chen (LKKAuto)

---

**From:** MTCL@income.com.sg  
**Sent:** Friday, 18 October 2019 10:58 AM  
**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](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:** Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]  
**Sent:** Friday, 18 October 2019 9:53 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	<b>MT/1067408-001</b>	COMFORT TRANSPORTATION PTE LTD	SH 7229U	GBE 3002A

D.O.A	Time of Accident	Estimate	Tentative repair cost
13/10/19	00:20	\$2296.64	\$1000

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)

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident   
 Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder MRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5084764442-02		TAN TECK LOON	S0452276A	GCV	Preferred Workshop Plan	GBE3002A	GBE3002A	20/10/2018	19/10/2019

Continue

## 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	15/10/2019 07:50
Date Of Accident	13/10/2019 00:20
Exact Location Of Accident	BLK 11 HDB UPPER BOON KENG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7229U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	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	NARAYANA SINGH S/O JUALLA SEDAKAR SINGH
NRIC No	S1404032C
Date Of Birth	20/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1978
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87526064
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	106 #03-24 ALAN DUSUN
Postcode	320106
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
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)	4
Passenger 1	NAME: :- GENDER: : MALE
Passenger 2	NAME: :- GENDER: : MALE
Passenger 3	NAME: :- GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	KIM KEAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

SEE POLICE REPORT.

### 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	GBE3002A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage NOT SURE

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name NARAYANA SINGH S/O JUALLA SEDAKAR SINGH

Approximate Age 59

Injuries Sustain NECK

Injured person in which vehicle? SH7229U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode







**SINGAPORE  
POLICE FORCE**



T/20191013/2087

Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

2 of 3

Report No. T/20191013/2087

## CONTINUATION OF REPORT

Driver			
Name	NARAYANA SINGH S/O JUALLA SEDAKAR SINGH		ID No. S1404032C
Related Vehicle	SH7229U (Car)		Contact No. 87526064
Hospital/Clinic	OEI CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	13/10/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 13/10/2019 at about 0020hrs, I was driving my vehicle (SH7229U) when I was alighting my passenger at Blk 11 Upper Boon Keng Road Open spaced carpark. While my passenger was making payment, a lorry (GBE3002A) had overtook me from the back.

While overtaking me, the lorry collided into the front right side of my vehicle, which resulted in scratches and dents. I then homed the lorry and chase after it. But the driver did not stop.

Apart from that, I also sustained neck injuries from the impact of the accident and went to see a doctor. I was given 3 days of Medical Certificate due to the collision. There is an in-car camera in my vehicle as well.



SINGAPORE  
POLICE FORCE



T/20191013/2087

Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529998

3 of 3

Report No: T/20191013/2087

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Sgt 2 NEO ZUO QUAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/10/2019 19:36
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI	Classification Of Case:


 SINGAPORE  
 POLICE FORCE  
 No.: 65476902 SN 64  
 Authentication Stamp  
 NP168  
 \_\_\_\_\_  
 SIGNATURE



**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SH 7229U

DATE 15/10/2019 9:40

MAKE :

MODEL : HYUNDAI i40

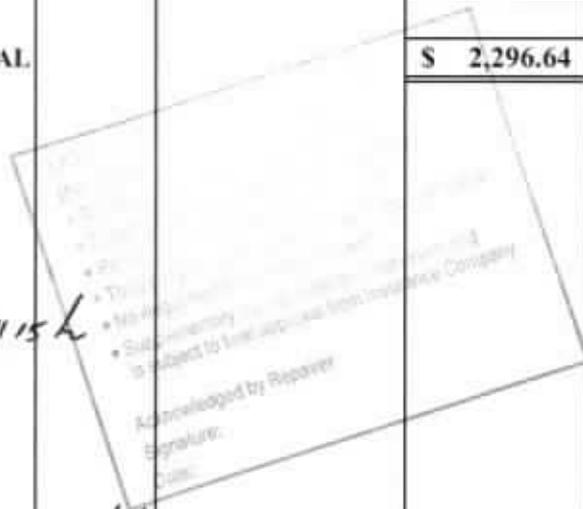
*HR/Kalvin*

*Like*

*NTUC*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>X Repair</i>			\$ 544.50
	Front Bumper Bracket Top (RH) <i>X</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>X</i>			\$ 24.60
	Front Fender (RH) <i>2/10/19</i>			\$ 566.30
	Front Fender Shield (RH) <i>X</i>			\$ 175.90
	Front Fender Retainer <i>X</i>			\$ 24.60
	<b>SUB TOTAL</b>			<b>\$ 1,358.30</b>
	<b>LESS 20%</b>			<b>\$ 271.66</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,086.64</b>
	Front Fender Advertisement Logo (RH) <i>me</i>			\$ 100.00 <b>Nett</b>
				<b>\$ 100.00</b>
	<b>Labour Charge</b>			<i>260</i>
	Panel Beating			<del>\$ 560.00</del>
	Spray Painting Charge			<del>\$ 500.00</del> <i>400</i>
	Tuff Kote			<del>\$ 50.00</del> <i>20</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,110.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,296.64</b>

*Kalvin, 10/10/19*  
*16/10/19 11:54*  
*2 Days*  
*4/5*  
*After Paint photo*



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 305341594  
Date : 18.10.19

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

### FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : Mr KALVIN ANG  
Vehicle Reg No. SH7229U CTPL 13.10.19

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

- The repair job shall bill to: NTUC --- GBE3002A
- The finalized amount shall be:
  - Spare Parts after List discount \_\_\_\_\_
  - Labour Charges \_\_\_\_\_
  - Total for Part-By-Part Repair Cost** \_\_\_\_\_
  - Lumpsum Repair (if applicable)
 

Total for Lumpsum repair cost after Less:	<u>20%</u>	<u>\$1,000.00</u>
<b>Final Lumpsum Repair cost</b>		<u><b>\$1,000.00</b></u>

- Estimated normal period for repairs: 2 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :   
Name : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156

Signature :   
Name : Calvin  
Date : 18/10/19

#### 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		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/INC19018316/K1vf3n2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 22-10-2019	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GBE 3002A	Veh. Inspected	SH 7229U
Policy No.	5084764442-02	Coverage (\$)	0.00
Claim No.	MT/1067408-001	Excess (\$)	0.00
Assign From		Assign Date	16/10/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU091478	Colour	BLUE
Odometer	371269	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	13/10/2019	Inspection Date	16/10/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>	



# 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 7229U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
1	FRONT FENDER (RH)	BUCKLED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
	LESS 20% DISCOUNT		-271.66	-113.26
			1,086.64	453.04
<b>SPECIAL NETT ITEMS</b>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
<b>LABOUR</b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		560.00	280.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.		50.00	20.00
			1,110.00	700.00
<b>GRAND TOTAL</b>			<b>2,296.64</b>	<b>1,253.04</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,000.00</b>

Report Ref No. NS/INC19018316/K1v3n2

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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