

ASSIGNMENT

From

Date:

Estimated Cost:

☒ TP / WS / TP RES / OD RES / EVA / INV / MV

to inspect Vehicle No:

at Workshop m/s

of

Insured: SLK 6049X

Policy No. 511428 3050 (02/12/2019 - 19/01/2021)

Claims No. MT/1075167-002

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 4549H

Yr Regn: 29/12/2016

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

Truck / Trailer or

Make: Hyundai i40

c.c 1685

Colour: blue

A/C: Insured / Std / NI / NA

Sp. Reading: 424810

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41UMHU097106

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R:

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal. 6 mm

R/Bal. 7 mm

L/Bal. 6 mm

L/Bal. 7 mm

D.O.A. 07/12/19

D.O.I. 9/12/19

Survey held at comfortdelgro (Loyang)

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

Frt & O/S

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

Date / Time

Action / Instruction

SLK 6049X : X

SHA 4549H: CC3AIG13006989/M2503W2 DOA:12/04/2013

P/P = \$ 960/= (Red 2733.68, 749)

2 repair dys

Confirmation 11/12/19

RECEIVED 18 DEC 2019

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

1) A/p - typist

Ref on Follow

TP

Temp. Contact/Ref

P/p \$ 960

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

☐

Master end (\$)

Survey Fee:

Transportation:

3 + PS \$1

Phone

Other

eBaoTech

General Claim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114283050		CHIA KIAH YONG	S0219274H	GPC	drive CLASSIC	SLK6049X	SLK6049X	02/12/2019	19/01/2021

Veron Chen (LKKAUTO)

From: MTCL@income.com.sg
Sent: Tuesday, 17 December 2019 4:51 PM
To: Veron Chen (LKKAUTO)
Subject: RE: REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

With Regards

Junainah
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: Tuesday, 17 December 2019 9:48 AM
To: MTCL@income.com.sg
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1075167-002	COMFORT TRANSPORTATION PTE LTD	SHA 4549H	SLK 6049

D.O.A	Time of Accident	Estimate	Tentative repair cost
7/12/2019	14:15	\$3693.68	\$960.00

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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHA4549H
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Dec 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDGU699792
Chassis No.:	KMHLB41UMHU097706
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$19,839.00
Original Registration Date:	29 Dec 2016
First Registration Date:	29 Dec 2016
Transfer Count:	0
Actual ARF Paid:	\$19,839.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Dec 2024
PARF Rebate Amount:	\$14,879.00
Intended COE Rebate Details	
COE Expiry Date:	28 Dec 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,017.00
COE Rebate Amount:	\$25,883.00
Total Rebate Amount:	\$40,762.00
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 10 Dec 2019

OK

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	09/12/2019 09:09
Date Of Accident	07/12/2019 14:15
Exact Location Of Accident	ALONG YUAN CHING RD BEFORE TAH CHING RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4549H
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	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	NEO HWEE LEONG
NRIC No	S1722551J
Date Of Birth	08/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	02/06/1987
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94889981
Fax Number	
Contact Number	
Email Address	MICHAELNEO4549@GMAIL.COM

Address	BLK 203 CHOA CHU KANG AVENUE 1 #08-41
Postcode	680203
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	SLK6049X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT REAR
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 TRANSPORTATION PTE. LTD.
CO. REG. NO. 109303821K

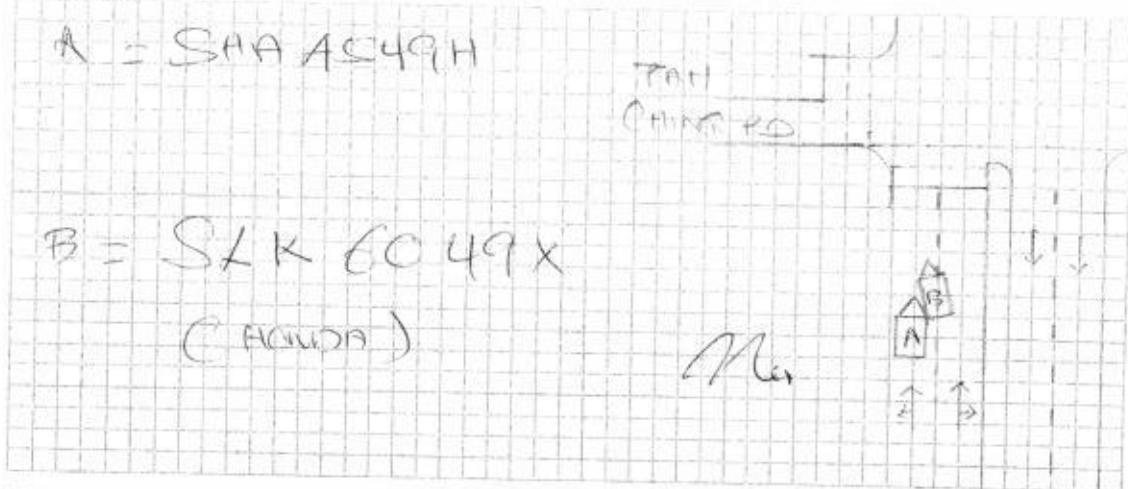
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

4 LANE CHING P.D.

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:

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

GIAMC ShoucheiFong_V3

Describe Circumstances of the Accident.

On the 07/12/2019 @ about 14:15hrs, I was driving along Yuan Ching RD with no passenger on board my taxi.

As I was driving before the junction of Tah Ching Rd suddenly a vehicle of SLK6049X encroached onto my lane and I applied brake to avoid the collision however the said vehicle left rear had grazed onto my taxi right front portion.

No injury at the point of accident.

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

Witnessed by

Reporting
Centre Personnel

08 DEC 2019

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305360039

CUSTOMER
VMS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L (R) 65508755 (O)
(P)

REGN NO.: SHA4549H	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 08.12.2019 09:00
YR OF MANU. 29.12.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU097706	COMPLETION DATE/TIME:

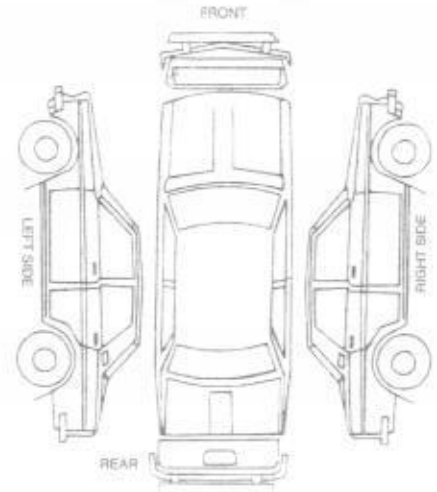
SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 07.12.2019
NATURE: 3P 07.12.2019

S/NO	LABOR CODE	DESCRIPTION
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NOTUC - Right Front
LKK/



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA4549H LARRY

Vehicle No.: SHA4549H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE: 9. Dec. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover X(R)			\$1,052.20
1	Front Bumper Side Bracket – RH Xnn			\$24.60
1	Front Bumper Top Bracket – RH Xnn			\$22.40
10	Front Bunmper Clips Xnn		\$2.20	\$22.00
1	Front Bumper Grille – RH xnr			\$41.60
1	Headlamp – RH Xnn			\$1,388.00
1	Front Fender – RH X(R)			\$566.30
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged part(s) during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p> </div> <div style="text-align: right; margin-top: 20px;"> <p>SUB TOTAL</p> <p>LESS 20%</p> <p>DISCOUNTED TOTAL</p> </div>				\$3,117.10
				\$623.42
				\$2,493.68
<div style="text-align: right; margin-top: 20px;"> <p>TOTAL LABOUR</p> <p>ESTIMATE TOTAL</p> </div>				\$-
				\$600.00
				\$500.00
				\$50.00
<div style="text-align: right; margin-top: 20px;"> <p>TOTAL LABOUR</p> <p>ESTIMATE TOTAL</p> </div>				\$50.00
				\$1,200.00
<div style="text-align: right; margin-top: 20px;"> <p>TOTAL LABOUR</p> <p>ESTIMATE TOTAL</p> </div>				\$3,693.68

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 : 305360039

Date : 10. Dec. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHA4549H

Date of Accident: 7. Dec. 2019

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

1. The repair job shall bill to: **NTUC** **SLK6049X**

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:

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Ram

Date : 11/12/19

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				
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/INC19021705/Fvd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 27-12-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLK 6049X	Veh. Inspected	SHA 4549H	
Policy No.	5114283050	Coverage (\$)	0.00	
Claim No.	MT/1075167-002	Excess (\$)	0.00	
Assign From		Assign Date	09/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMHU097706	Colour	BLUE	
Odometer	424810	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	6 mm	
L/H Front Tyre	205/60 R16	HANKOOK	6 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 FRONT AND O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	07/12/2019	Inspection Date	09/12/2019	
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 4549H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	1,052.20	-
1	FRONT BUMPER SIDE BRACKET-RH	NOT NECESSARY	24.60	-
1	FRONT BUMPER TOP BRACKET-RH	NOT NECESSARY	22.40	-
10	FRONT BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	FRONT BUMPER GRILLE-RH	NOT NECESSARY	41.60	-
1	HEADLAMP-RH	NOT NECESSARY	1,388.00	-
1	FRONT FENDER-RH	TO REPAIR SEE LABOUR	566.30	-
	LESS 20% DISCOUNT		-623.42	-
			2,493.68	-
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT FENDER-RH.		600.00	560.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	WIRING CHARGE.	NOT NECESSARY	50.00	-
			1,200.00	960.00
	GRAND TOTAL		3,693.68	960.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				960.00

Report Ref No. NS/INC19021705/Fvd3n2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

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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