

Income: Follow-Through Survey

Date 27/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1076371-002	COMFORT TRANSPORTATON PTE LTD	SHD 4268C	SGR7327J	18/12/2019
2	MT/1075626-002	COMFORT TRANSPORTATON PTE LTD	SHA 1020K	SHC 6418D	12/12/2019
3	MT/1076001-002	COMFORT TRANSPORTATON PTE LTD	SHC 8750E	GBF 8828X	16/12/2019
4	MT/1076444-002	COMFORT TRANSPORTATON PTE LTD	SHA 7720J	SJM 4699X	18/12/2019

Claim received from LKK Auto

Hello, NAC_PAYA_UBI_800601

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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"/>	5097549593-01		LOO SENG DER	S2566010B	GPC	Third Party, Fire & Theft	SGR7327J	SGR7327J	14/02/2019	13/02/2020

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	18/12/2019 15:03
Date Of Accident	18/12/2019 12:15
Exact Location Of Accident	ALONG BIDEFORD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4268C
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	IONIQ HYBRID
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	SOH CHOON HIAN
NRIC No	S6829357Z
Date Of Birth	15/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	23/10/1989
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81279198
Fax Number	
Contact Number	
EMail Address	ANDYSOH.CH@GMAIL.COM

Address	BLK 35 YISHUN CENTRAL 1 #08-77
Postcode	768807
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

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	SGR7327J
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

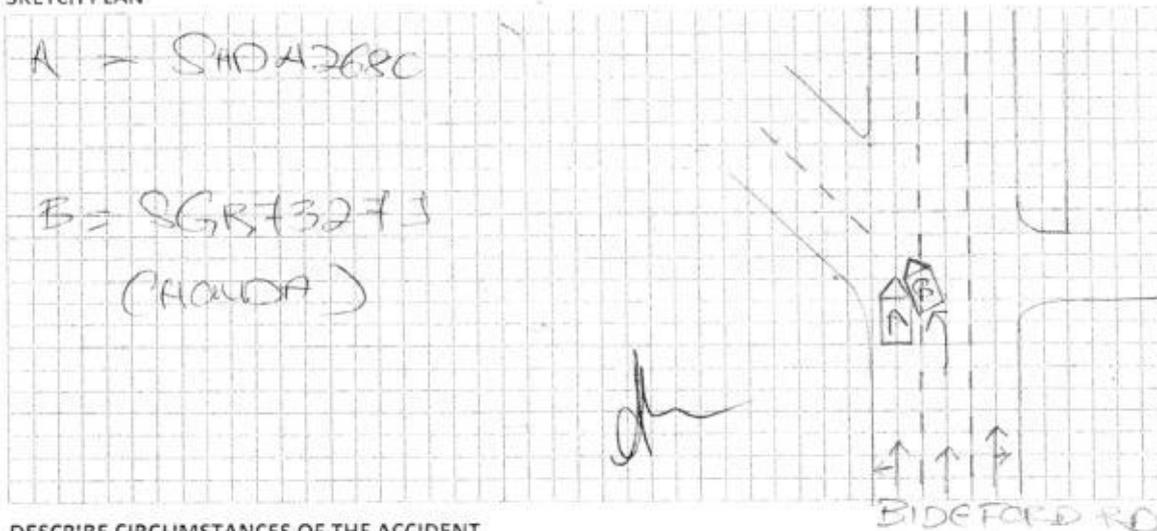
Insurance Company Name

Nature Of Damage

LH REAR

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I sat closer than car A in the 2nd lane waiting at the Q for my turn to go straight near paragon junction. When I proceed straight within my lane car B from lane 2 which suppose to go straight only cut in front of my car and try to turn in paragon. I cannot react in intime and car B hit onto my front right side.

DECLARATION

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

POLICYHOLDER'S SIGNATURE

dh

Policyholder's Signature
Date & Time:

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

REPORTING CENTRE PERSONNEL'S SIGNATURE

Wendy

Reporting Centre Personnel's Signature
Name: WENDY
NRIC/FIN No. 18 DEC 2019

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.

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:

4 1 2 3 4 5 6 7 8 9 10 11 12

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4268C

DATE 18/12/2019 16:47

MAKE :

MODEL : HYUNDAI IONIQ

Hinc - Larry

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover x (R)			\$ 418.30
	Front Bumper Grille (RH) <i>scr</i>			\$ 186.90
	Front Bumper Centre Moulding <i>cut</i>			\$ 188.00
	Front Bumper Bracket Top (RH) <i>xnn</i>			\$ 35.00
	Front Bumper Bracket (RH) <i>xnn</i>			\$ 28.00
	Front Bumper Clips 10 pcs <i>xnn</i>			\$ 22.00
	Headlamp (RH) ? <i>xnn</i>			\$ 1,198.80
	Day Light, RH ? <i>xnn</i>			\$ 642.50
	SUB TOTAL			\$ 2,719.50
	LESS 20%			\$ 543.90
	DISCOUNTED TOTAL			\$ 2,175.60
				\$ 299.92
	Labour Charge			
	Panel Beating			\$ 350.00 <i>320</i>
	Spray Painting Charge			\$ 250.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>xnn</i>
	TOTAL LABOUR			\$ 650.00
	ESTIMATE TOTAL			\$ 2,825.60

LKK Auto Consultants hence notify the Repairer of the following:

- 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

Acknowledged by Repairer
Signature:
Date:

[Signature]
23/12/19

Ram (LKK)
19/12/19 12:10h:5
Pasaswern@lkkauto.com
8862272848
(8/p) *Before repair photo*
(2) repair days

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.

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

JOB NO : 305368058
 REGN NO : SHD4268C
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 14.11.2019
 DATE/TIME IN : 18.12.2019 13:50
 ACCIDENT DATE : 18.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0104-2687-G	IONIQV4 MOULDING-FRONT BU	1	188.00 20.00 150.40
0002	04-01-0104-2686-G	IONIQV4 MOULDING-FRONT BU	1	186.90 20.00 149.52

SUB-TOTAL : 299.92

JOB NATURE

0000	PB	PANEL BEATING		320.00
0001	23-502	SPRAYPAINT ON AFFECTED AREA		200.00

SUB-TOTAL : 520.00

TOTAL : 819.92

 MVA NAME & SIGNATURE
 DATE :

 SURVEYOR NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO

Our Job Ref No : 305368058

Date : 24. Dec. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHD4268C

Date of Accident: 18. 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 SGR7327J

2. The finalized amount shall be:

(a) Spare Parts after List discount \$299.92

(b) Labour Charges \$520.00

Total for Part-By-Part Repair Cost \$819.92

(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 : [Signature]

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : [Signature]

Name : Ram

Date : 26/12/19

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/INC19022363/Fvf3n2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 02-01-2020	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGR 7327J	Veh. Inspected	SHD 4268C
Policy No.	5097549593-01	Coverage (\$)	0.00
Claim No.	MT/1076371-002	Excess (\$)	0.00
Assign From		Assign Date	19/12/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI IONIQ (G3)	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVLU189730	Colour	BLUE
Odometer	11449	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	8 mm
L/H Front Tyre	195/65 R15	MICHELIN	8 mm
R/H Rear Tyre	195/65 R15	MICHELIN	8 mm
L/H Rear Tyre	195/65 R15	MICHELIN	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	18/12/2019	Inspection Date	19/12/2019
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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4268C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	418.30	-
1	FRONT BUMPER GRILLE (RH)	SCRATCHED	186.90	186.90
1	FRONT BUMPER CENTRE MOULDING	CUT	188.00	188.00
1	FRONT BUMPER BRACKET TOP (RH)	NOT NECESSARY	35.00	-
1	FRONT BUMPER BRACKET (RH)	NOT NECESSARY	28.00	-
10	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
1	HEADLAMP (RH)	NOT NECESSARY	1,198.80	-
1	DAY LIGHT,RH	NOT NECESSARY	642.50	-
	LESS 20% DISCOUNT		-543.90	-74.98
			2,175.60	299.92
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		350.00	320.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
			650.00	520.00
GRAND TOTAL			2,825.60	819.92
RECOMMENDED COST OF REPAIRS (CONFIRMED)				819.92

Report Ref No. NS/INC19022363/Fv3n2

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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