

Acc. No. BY: Ram

Ref:

NS/INC/19022779 / FLD302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s: _____

of: _____

Insured: SMH 3302M

Policy No: _____

Claims No: MT/107880-001

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 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 739DC Yr Regn: 02/04, 2015

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

Truck / Trailer or

Make: Hyundai 140 C.C 1685

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

Sp. Reading: 632675 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: KMHLBA1UMFU067845

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 westlake

Front

Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A. 23/12/2019 D.O.I. 26/12/19

Survey held at comfortdelgro (lorong)

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

Frt / N/S frt

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

Date / Time Action / Instruction

No, policy fund

SMH 3302M X

SHA 739DC NTA/MSG/10009160/42 TPA: 10/05/2010

L/S: \$2050/- with 3 repair days
confirm with Chiang on 7/1/2020
(Red: 776.08: 27%)

7/1/2020

RECEIVED 08 JAN 2020

Date/Time, File Pass 1/2

1/ 8/1 Typist

Date/Time, File Return 1/2

3

Report Format: TP

Lum 0 in H.E.C: 2050

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

3 + PS: 3

Phone:

Other:

TOTAL

160

Denise Tay (LKKAuto)

From: MTCL@income.com.sg
Sent: Tuesday, 7 January 2020 12:37 PM
To: Denise Tay (LKKAuto)
Subject: FW: REQUEST 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: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Tuesday, 7 January 2020 11:49 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 07/01/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1078880-001	Comfort Transportation PTE LTD	SHA 7390C	SMH 3302M	23/12/2019	16:10	2826.08	2050

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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	24/12/2019 12:03
Date Of Accident	23/12/2019 16:10
Exact Location Of Accident	COMMONWEALTH CRESCENT BLK 117 CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7390C
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
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	LIM PHILIP
NRIC No	SXXXX407I
Date Of Birth	11/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	11/11/1982
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90703085
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 240 SERANGOON AVENUE 2 #09-61
Postcode	550240
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	RAINING
Road Surface	WET

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 * TYPE OF ACCIDENT :- HEAD TO SIDE

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	SMH3302M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	SXXXX466Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH 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.

Form 100 (Rev. 10-2018) (GIA) (1000)
 (1000) (1000) (1000) (1000)

Policyholder's Signature
 Date & Time:

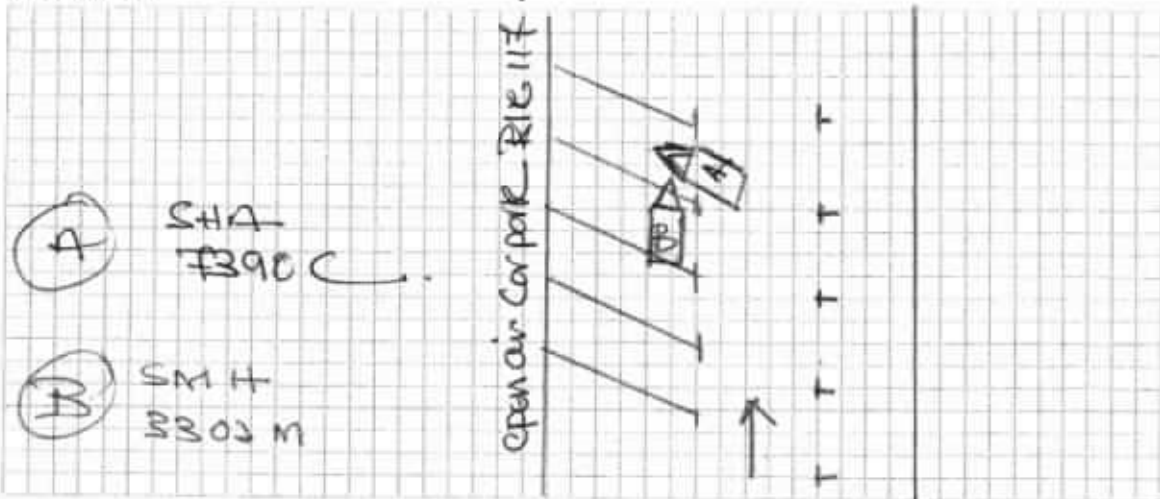
Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

Form 100 (Rev. 10-2018) (GIA) (1000)



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Go. 23 Dec 2019 @ 16:10 hr T

veh (A) was driving along the above location to park veh (A) in the

lot. I veh (A) stop and left turn to the lot suddenly veh (B) from left go straight and hit veh (A) left front. @ the point of accident veh (A) no park.

Notes: Short-term driver.

DECLARATION

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

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.:



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305369545

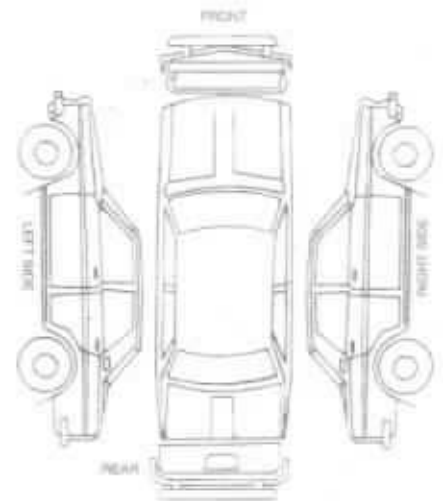
TOMER		REGN NO: SHA7390C	MILEAGE
MS COMFORT TRANSPORTATION PTE LTD		MAKE: HYUNDAI	FUEL
TOMER NO. 7010045		MODEL I-40	E 1/2 F
RESS 383 SIN MING DRIVE		YR OF MAKE 02.04.2015	DATE/TIME IN 24.12.2019 10:00
Singapore SINGAPORE 575717		CHASSIS CODE KMLB41UMFU067845	TARGET DATE
65508755		COMPLETION DATE/TIME	
(P)	(C)		
(P)			
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 23.12.2019

NATURE: 3P 23.12.2019

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No. SHA7390C CHIANG

Vehicle No.: SHA7390C

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 7390C

DATE 24/12/2019 14:08

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Headlamp (LH) <i>Scr</i>			\$ 1,388.00
	Front Fender (LH) <i>BU</i>			\$ 663.00
	Front Fender Shield (LH) <i>xm</i>			\$ 174.90
	Front Fender Retainer <i>xm</i>			\$ 24.60
	Front Wheel Hub Cap (LH) <i>Scr</i>			\$ 107.10
	<i>F+ Left Door x (R)</i>			
	SUB TOTAL			\$ 2,357.60
	LESS 20%			\$ 471.52
	DISCOUNTED TOTAL			\$ 1,886.08
				<i>1726.48</i>
	Labour Charge Panel Beating Spray Painting Charge Tuff Kote FRT Wheel Alignment			
	<div> <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>			
				<i>\$560</i>
				<i>\$200</i>
				<i>\$30</i>
				<i>\$560.00</i>
				<i>\$250.00</i>
				<i>\$50.00</i>
				<i>\$80.00</i>
	TOTAL LABOUR			\$ 940.00
	ESTIMATE TOTAL			\$ 2,826.08
<p>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.</p>				

7/1/2020

Ram(LKK)

26/12/19 12:00h

ParaSurem@lkkauto.com

88622778 hp

3 repair days

(45) apt repair

who

\$2546.48

4151

Wine

Change

\$560
\$200
\$30
\$560.00
\$250.00
\$50.00
\$80.00
\$60

Date : 27/12/19

Fax:

SHA7390C

23/12/2019

2. The finalized amount shall be:

(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

\$2,050.00

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 :

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature:

Name : / Ram

Date : 6/1/2020

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/INC19022779/Ftd3n2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 13-01-2020	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SMH 3302M	Veh. Inspected	SHA 7390C
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1078880-001	Excess (\$)	0.00
Assign From		Assign Date	26/12/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU067845	Colour	BLUE
Odometer	632675	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	WEST LAKE	6 mm
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	6 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	23/12/2019	Inspection Date	26/12/2019
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:		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: 52983358E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7390C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	HEADLAMP (LH)	SCRATCHED	1,388.00	1,388.00
1	FRONT FENDER (LH)	BUCKLED	663.00	663.00
1	FRONT FENDER SHIELD (LH)	NOT NECESSARY	174.90	-
1	FRONT FENDER RETAINER	NOT NECESSARY	24.60	-
1	FRONT WHEEL HUB CAP (LH)	SCRATCHED	107.10	107.10
1	FRT LEFT DOOR (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-471.52	-431.62
			1,886.08	1,726.48
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRT LEFT DOOR.		560.00	560.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	TUFF KOTE.		50.00	30.00
	FRT WHEEL ALIGNMENT.		80.00	60.00
			940.00	850.00
GRAND TOTAL			2,826.08	2,576.48
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,050.00

Report Ref No. NS/INC19022779/Ftd3n2

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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