

## 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: SFS 133D  
 Policy No. \_\_\_\_\_  
 Claims No. MT/1076161-002  
 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 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: SHC3419X Yr Regn: 10/07/2019  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_

Make: Hyundai Ioniq C.C. 1580  
 Colour: blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 27761 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHC8S1CVKUI 64599

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: 195/65 R15  
 R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_

Front	Rear
R/Bal. <u>8</u> mm	R/Bal. <u>8</u> mm
L/Bal. <u>8</u> mm	L/Bal. <u>8</u> mm
D.O.A. <u>14/12/19</u>	D.O.I. <u>17/12/19</u>

Survey held at comta+delgro (loyars)  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

NO Polcy!

SFS 133D: NA/A3619022148/r3 DOA: 16/12/2019

SHC 3419X: NA/M5613002161/r1 DOA: 13/01/2019

PR: \$1061.28/= with 3 repair days (Red 2148.72, 669)  
 confirm on 30/12/19 with Juma:

RECEIVED 02 JAN 2020

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2) 2/1 - typist

Report Formed:

TP

Lump Sum / F.D.I. / S

1061.28

Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$)  
☐ : Interview (\$)  
☐ : Tech. Insp (\$)  
☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL

NTUC

P/P

31/12/2019

**Veron Chen (LKKAUTO)**

**From:** MTCL@income.com.sg  
**Sent:** Thursday, 2 January 2020 3:00 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](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

**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Thursday, 2 January 2020 12:14 PM  
**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/1076161-002	COMFORT TRANSPORTATION PTE LTD	SHC 3419X	SFS 133I

D.O.A	Time of Accident	Estimate	Tentative repair cost
14/12/2019	12:25	\$3,210 .00	\$1,061.28

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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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.

## Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SFS133D	14 Dec 2019 / 12:25:00	Successful	N12	NTUC INCOME INS CO-OP LTD

[Previous](#)

[OK](#)

SHC349X

## 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 willful 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	16/12/2019 15:18
Date Of Accident	14/12/2019 12:25
Exact Location Of Accident	SCOTTS ROAD INFRONT OF GRAND HYATT HOTEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3419X
<b>Insured/Policyholder</b>	
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
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	FONG KEW ONN
NRIC No	S0230727H
Date Of Birth	06/10/1953
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1976
Driving Experience	43 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96897212
Fax Number	
Contact Number	
Email Address	MICHAELFONGKO@GMAIL.COM

Address	BLK 457 ANG MO KIO AVENUE 10 #13-1532
Postcode	560457
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	DRIZZLING
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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

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	SFS133D
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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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.

COMFORT TRANSPORTATION PTE LTD  
 (U.S. REG. NO. 1093030217)

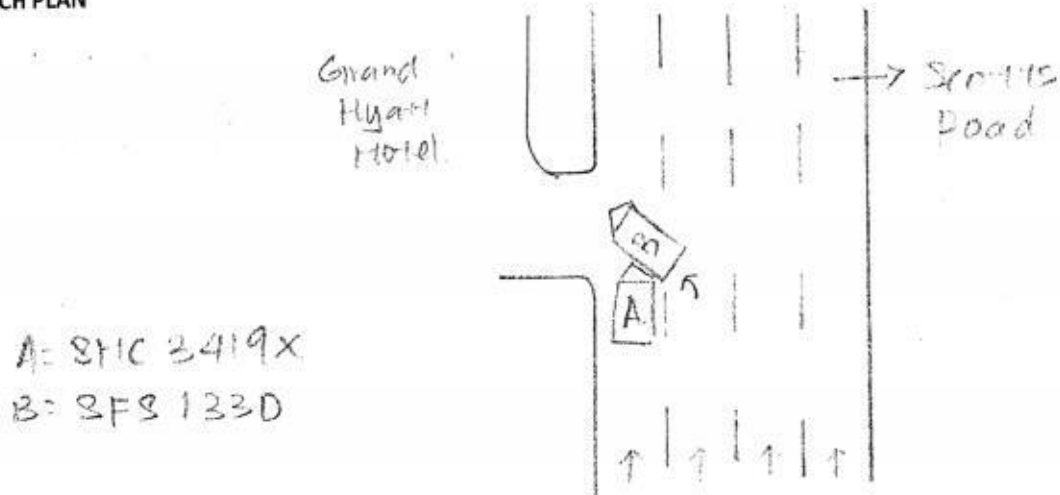
Policyholder's Signature  
 Date & Time:

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

Reporting Centre Personnel's Signature  
 Name: **Loke Yee Yiang**  
 NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I am reaching my destination to Far East Plaza, my Taxi <sup>ready</sup> is on the left lane, and a bit slow traffic on the left lane, because some turning left to Far East Plaza, or Hyatt hotel, so I see my front vehicle turning left, to Far East Plaza, so I proceed; And on my right hand side vehicle SFS 133D suddenly, turn left in front of my Taxi, and hits my Right side Bumper. So he want to settle with me, but I refuse! so made report.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303321X

Policyholder's Signature  
Date & Time:

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

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



Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305367502

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

LESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

JUNT CARD NO.

REGN NO.:

SHC3419X

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

DATE/TIME IN  
16.12.2019 11:45

YR OF MANU.

10.07.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU164599

COMPLETION DATE/TIME:

## JOB DESCRIPTION

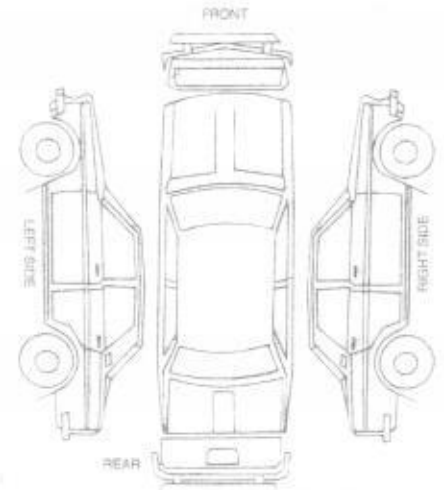
Accident Date: 14.12.2019

NATURE: 3P 14.12.19

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Jo.: SHC3419X

JU NTUC LKK

Vehicle No.:

SHC3419X

Service Advisor

Signature/Date

Name of Service Advisor

Date

urried to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHC 3419X

DATE 16/12/2019 17:02

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover X(R)			\$ 418.30
	Front Bumper Bracket Top (RH) xnn			\$ 35.00
	Front Bumper Bracket (RH) xnn			\$ 28.00
	Front Bumper Side Bracket Support xnn			\$ 12.00
	Front Bumper Clips 10 pcs xnn			\$ 22.00
	Headlamp (RH) xnn			\$ 1,198.80
	Front Fender (RH) X(R)			\$ 490.70
	Front Fender Shield (RH) xnn			\$ 114.70
	Front Fender Retainer xnn			\$ 41.40
	Emblem-Blue Drive (RH) nec			\$ 26.60
	SUB TOTAL			\$ 2,387.50
	LESS 20%			\$ 477.50
	DISCOUNTED TOTAL			\$ 1,910.00
	<div>LKK Auto Consultants hence notify the Repairer of the following:<ul style="list-style-type: none"><li>• To resurvey before/after spray painting</li><li>• To display damaged part(s) during resurvey</li><li>• Parts prices are subject to confirmation</li><li>• Third party survey is on a "Without Prejudice" basis</li><li>• No illegal modification/s is allowed</li><li>• Supplementary item/s must be resurveyed and is subject to final approval from Insurance Company</li></ul>Acknowledged by Repairer: Signature: Date:</div>			
	Labour Charge			
	Panel Beating			\$ 700.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	TOTAL LABOUR			\$ 1,300.00
	ESTIMATE TOTAL			\$ 3,210.00
	Ram (LKR) 17/12/19 1330hrs Parasuram@lkrauto.com 88622777 3 repair days (P/S) aft repair 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 305367502

Date : 27/12/2019

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

## FINALIZATION FORM

To : LKK  
Attn : RAM  
: SHC3419X

Fax :

5367141 14.12.19

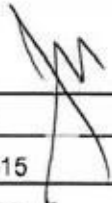
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

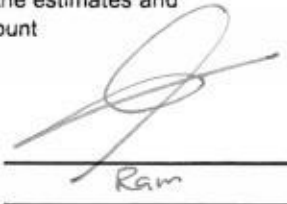
1. The repair job shall bill to: NTUC --- SFS133D  
###
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	###	\$21.28
(b) Labour Charges	###	\$1,040.00
<b>Total for Part-By-Part Repair Cost</b>		<b>\$1,061.28</b>
	###	
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: 20%		
<b>Final Lumpsum Repair cost</b>		

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 : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :   
Name : Ram  
Date : 30/12/19

### 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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_

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

JOB NO : 305367502  
REGN NO : SHC3419X  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 10.07.2019  
DATE/TIME IN : 16.12.2019 11:45  
ACCIDENT DATE : 14.12.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-3913-G IONIQ EMBLEM-BLUE DRIVE R 1 26.60 20.00 21.28 *rec*

SUB-TOTAL : 21.28

## JOB NATURE

0000 PB PANEL BEATING

640.00

0001 SP SPRAYPAINT CHARGE

400.00

SUB-TOTAL : 1,040.00

TOTAL : 1,061.28

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



## 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/INC19022915/Fvf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 10-01-2020



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFS 133D	Veh. Inspected	SHC 3419X
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1076161-002	Excess (\$)	0.00
Assign From		Assign Date	17/12/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU164599	Colour	BLUE
Odometer	27761	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.
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### 5. General Information

Accident Date	14/12/2019	Inspection Date	17/12/2019
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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# 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. SHC 3419X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	418.30	-
1	FRONT BUMPER BRACKET TOP (RH)	NOT NECESSARY	35.00	-
1	FRONT BUMPER BRACKET (RH)	NOT NECESSARY	28.00	-
1	FRONT BUMPER SIDE BRACKET SUPPORT	NOT NECESSARY	12.00	-
10	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
1	HEADLAMP (RH)	NOT NECESSARY	1,198.80	-
1	FRONT FENDER (RH)	TO REPAIR SEE LABOUR	490.70	-
1	FRONT FENDER SHIELD (RH)	NOT NECESSARY	114.70	-
1	FRONT FENDER RETAINER	NOT NECESSARY	41.40	-
1	EMBLEM - BLUE DRIVE (RH)	NECESSARY	26.60	26.60
	LESS 20% DISCOUNT		-477.50	-5.32
			1,910.00	21.28
<b>LABOUR</b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT FENDER (RH).		700.00	640.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,300.00	1,040.00
<b>GRAND TOTAL</b>			<b>3,210.00</b>	<b>1,061.28</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,061.28</b>

Report Ref No. NS/INC19022915/Fvf3s2

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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