

ASS. REC. BY: Tanpin

REF:

INC. NSIN (19022947/T19f3n2)

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: SKC 385T

Policy No. _____

Claims No. MT/1078527-002

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: 2 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 3158 Yr Regn: 2015, June

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: 45635 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414MF4069518

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: 205/60R16

R: 2 -

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

TOYO / YOKO or Davanti

Front: _____ Rear: _____

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

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

D.O.A. _____ D.O.I. 17/12/19

Survey held at: CDGE Luyang

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
	NO Police
	SHA 3158P - CC3/ATG/1600162/H/Insq 2- b.o.A - 16/01/2016
	SKC 385T - CC4/ATG/19003447/Rep 2 Don - 21/01/2019
	LS: \$1100/- with 2 repair days (Red to 1860.40, 63%)
	confirm on 21/1/2020 with change

Date/Time, File Pass w/ ☐ : Prel. Report

1) 22/1/2020 ☐ : Final Report

Date/Time, File Return w/

2) _____

Pop. Formel: 71

Lump Sum / T.D.: 1100

RECEIVED 22 JAN 2020

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

3 + RS 51

Phone

Others

TOTAL

160

Shiau Chan (LKKAUTO)

From: MTCL@income.com.sg
Sent: Wednesday, 22 January 2020 10:55 AM
To: Shiau Chan (LKKAUTO)
Subject: RE: REQUEST CLAIMS NUMBER

Dear Sir/Mdm,

We have registered the claim.

Our reference number: MT/1078527-002

Best regards

Diana Tay
Senior Admin Assistant
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: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Wednesday, 22 January 2020 9:08 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIMS NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 22/01/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D:
1		COMFORT TRANSPORTATION PTE LTD	SHA 3156P	SKC 385T	

"Wishing you a Happy and Prosperous Lunar New Year"

Best Regards,

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	26/12/2019 13:52
Date Of Accident	24/12/2019 14:30
Exact Location Of Accident	NEX SHOPPING CENTRE TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3156P
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	KOH YAK WAH
NRIC No	SXXXX542G
Date Of Birth	10/07/1952
Occupation	OUTDOOR
Date Of Driving Pass	16/01/1974
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92963892
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 81 BEDOK NORTH ROAD #03-298
Postcode	460081
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 - OPENING DOOR OF VEHICLE
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

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	SKC385T
Vehicle Make/Model/Colour	
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 DOOR
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.

CLARITY INSURANCE BROKER LTD
Sole Agent for the above Insurers

Policyholder's Signature
Date & Time:

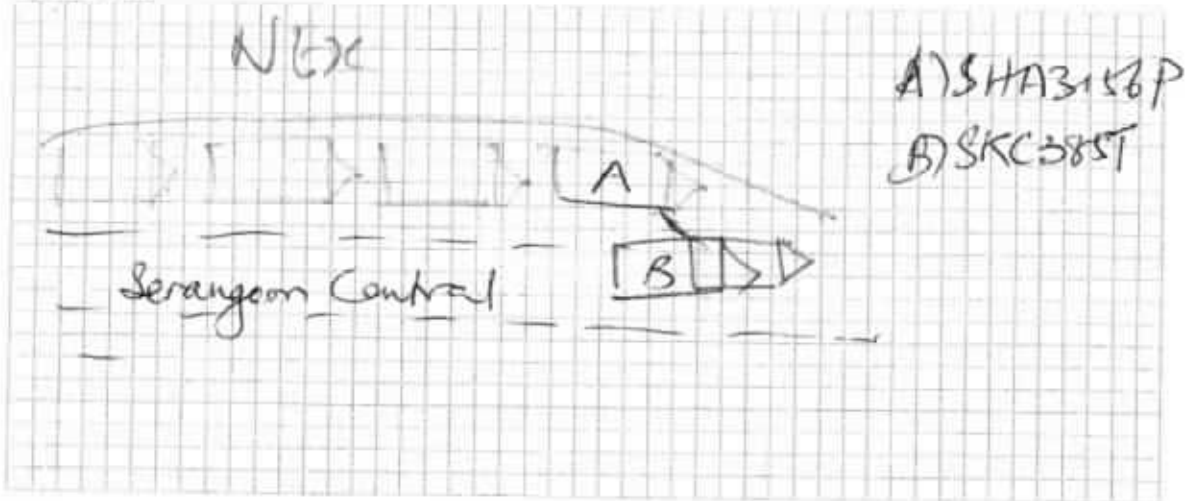
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/IRP (Third Form) v1.0



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/12/19 at about 1430hrs when I Veh A was stationary waiting at the Taxi Stand, passenger Veh B, who was on the vehicle opened the left rear door which collided onto the right front portion of my vehicle.

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.:

Date/Time: 26.12.2019 14:51 Page : 1

Team: ARC Repair TP(CLSG)/1

JOB CARD

Sales Order:

JO NO.: 305369921

STOMER
 WAS COMFORT TRANSPORTATION PTE LTD
 STOMER NO. 7010045
 DRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65508755 (Q)

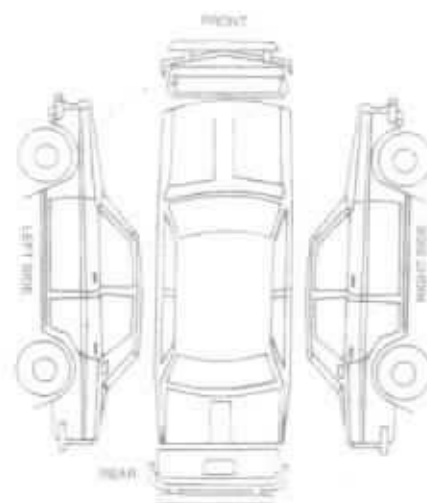
COUNT CARD NO.

REGN NO. SHA3156P	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....P
MODEL I-40	DATE/TIME IN 26.12.2019 09:45
YR OF MANU. 18.06.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU069518	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 24.12.2019
 NATURE: 3P 24.12.2019

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

(No.) SHA3156P CHIANG

Vehicle No. SHA3156P

of Service Advisor

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 3156P

DATE 26/12/2019 14:37

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Headlamp (RH) <i>TXM</i>			\$ 1,388.00
	Front Fender (RH) <i>ht</i>			\$ 663.00
	Front Fender Shield (RH) <i>XNN</i>			\$ 174.90
	Front Fender Retainer <i>TXM</i>			\$ 24.60
	SUB TOTAL			\$ 2,250.50
	LESS 20%			\$ 450.10
	DISCOUNTED TOTAL			\$ 1,800.40
	Labour Charge			
	Panel Beating		<i>420</i>	\$ 560.00
	Spray Painting Charge		<i>300</i>	\$ 500.00
	Wiring Charge		<i>400</i>	\$ 50.00
	Tuff Kote		<i>30</i>	\$ 50.00
	TOTAL LABOUR			\$ 1,160.00
	ESTIMATE TOTAL			\$ 2,960.40
<p><i>Tayfin 97495144</i> <i>-WP' 17/12/19 @ 33%</i> <i>~ 2 days</i> <i>hump sum</i> <i>Resurvey after repair</i> <i>sur @ lkkauto.com</i></p>				
<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>				
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 : 305369921

Date : 30/12/19

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508089
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : TAUFLIN

SHA3156P

24/12/2019

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

2 The repair job shall bill to: NTUC SKC385T

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

\$1100/-

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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature :

Name : Ram

Date :

21/1/2020

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/INC19022947/T1qf3n2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 29-01-2020	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKC 385T	Veh. Inspected	SHA 3156P
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1078527-002	Excess (\$)	0.00
Assign From		Assign Date	27/12/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069518	Colour	BLUE
Odometer	456389	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	DAVANTI	6 mm
L/H Front Tyre	205/60 R16	DAVANTI	6 mm
R/H Rear Tyre	205/60 R16	DAVANTI	6 mm
L/H Rear Tyre	205/60 R16	DAVANTI	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	24/12/2019	Inspection Date	27/12/2019
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 3156P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	HEADLAMP (RH)	NOT NECESSARY	1,388.00	-
1	FRONT FENDER (RH)	BENT	663.00	663.00
1	FRONT FENDER SHIELD (RH)	NOT NECESSARY	174.90	-
1	FRONT FENDER RETAINER	NOT NECESSARY	24.60	-
	LESS 20% DISCOUNT		-450.10	-132.60
			1,800.40	530.40
	LABOUR			
	PANEL BEATING.		560.00	420.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	30.00
			1,160.00	880.00
	GRAND TOTAL		2,960.40	1,410.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,100.00

Report Ref No. NS/INC19022947/T1qf3n2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

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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