

ASB REP BY Ram

NS/INC 20001973 / Ftd3er

ASSIGNMENT

From:
 Estimated Cost:
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV:
 To Inspect Vehicle No:
 At Workshop no:
 At:
 Insured: **SHB 6978D**
 Policy No:
 Claim No: **MT/1082633-002**
 Amt Insured:
 [Client's Record]:
 Make of Veh:
 (Policy Condition):
 Remark: The veh had commenced its repair at the time of inspection
 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
 Lump Sum: % 3 Val. Yes or No
 CA / REV / REP. / 24 HRS
 Date: Person Contacted:
 Vehicle: IN / OUT

N/S	O/S

With No: **SH 6500S** Date: **10/03/2016**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai i40** Reg: **168S**
 Colour: **blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **529002** T/Meter: Insured / Std / NI / NA
 Eng/No:
 C/Nr: **KMHLEB41UMGU085178**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **205/65 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: **1/02/2020** D.O.A: **1/02/2020**
 Survey held at: **comfortdelgro (Loyang)**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure afforded due to collision.

Date / Time	Action / Instruction
	SH6500S-C83 / R119010473 / Gcd3s2
	SHB 6978D-X
	No policy Fund.
	LP: \$1750/- with 3-repair days
	confirm on 17/2/2020 with LARRY

NTVC
LIS

D.O.A: 11/06/2019

Initial Time, File Passes:
 ☐ : Preli. Report
 ☐ : Final Report
 Date/Time, File Return to:

Days Of Repair:
 Resurvey No. of Trip:

Add Fee:
 ☐ Site Insp (\$
 ☐ Interview (\$
 ☐ Tech Invs (\$
 ☐ Weekend (\$

Survey Fee: **160**
 Transportation:
 Other:
 160

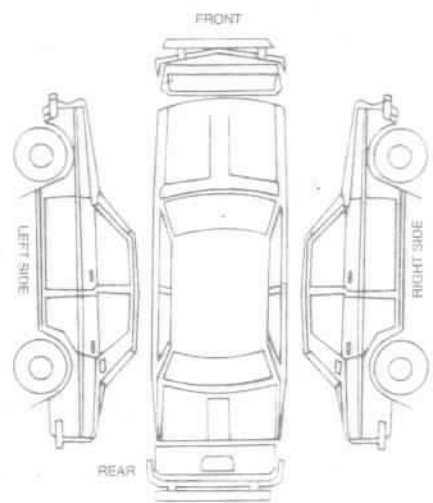
Report Format:
 Lump Sum / L.B.I. ()

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305378835
TOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755		REGN NO.: SH 6500S MAKE: HYUNDAI MODEL I-40 YR OF MANU 10.03.2016 CHASSIS CODE KMHLB41UMGU085478	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 04.02.2020 10:15 TARGET DATE COMPLETION DATE/TIME:
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 01.02.2020
NATURE: 3P 01.02.2020 (C)

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



CKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
No.: SH 6500S LARRY		Vehicle No.: SH 6500S	
Signature/Date		Name of Service Advisor Date	
Returned to Service Reception upon collection		To be kept by Security Guard	

Denise Tay (LKKAuto)

From: MTCL@income.com.sg
Sent: Thursday, 20 February 2020 10:46 AM
To: Denise Tay (LKKAuto)
Subject: RE: REQUEST CLAIM NUMBER

Dear Sir/Mdm,

We have registered the claim.

Our reference number: MT/1082683-002
Claim Officer: Jessie Wo

Please allow the claim officer 2-3 working days to respond to your case.

We appreciate if you do not respond to this email. Thank you

Best regards,

Diana Tay
Senior Admin Assistant
www.income.com.sg



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yo

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Wednesday, 19 February 2020 5:30 PM
To: MTCL@income.com.sg
Subject: RE: REQUEST CLAIM NUMBER

Dear Sir/Madam,

We have check on the correct insured

S/No	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	Comfort Transportation PTE LTD	SH 6500S	SHC 6978D	01/02/2020	17:00	4,519.60	1750

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	03/02/2020 14:20
Date Of Accident	01/02/2020 17:00
Exact Location Of Accident	ANG MO KIO HUB TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6500S
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
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	BOI SECK KONG @BOEY SECK KONG
NRIC No	SXXXX761C
Date Of Birth	26/11/1952
Occupation	OUTDOOR
Date Of Driving Pass	03/07/1995
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83522763
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 162 YISHUN STREET 11 #06-250
Postcode	760162
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 ON COLLISION
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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 / 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	SHB6978D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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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.

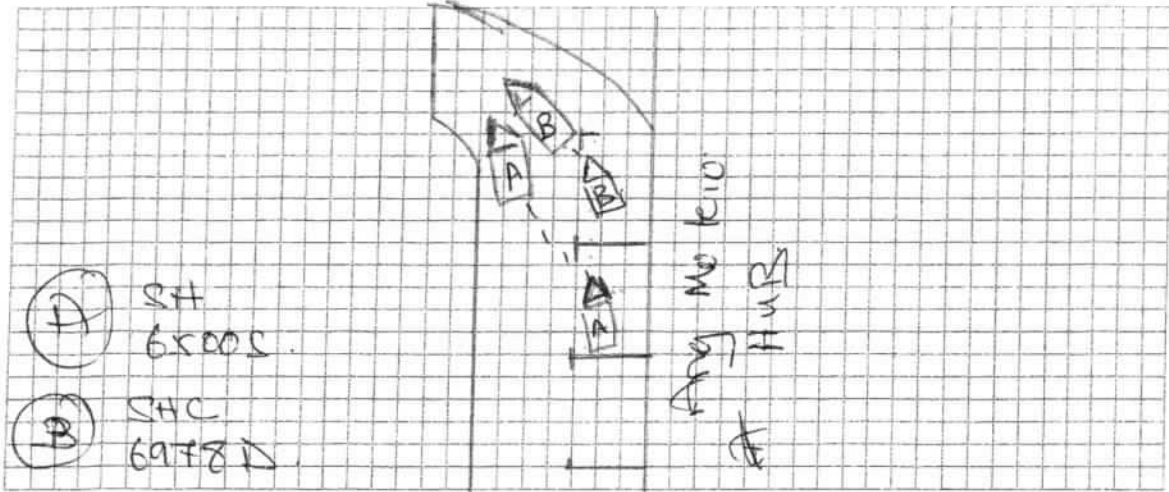
COMFORT TRANSPORTATION PTE LTD
CC. REG. NO. 109303321R

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.:

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On. 1 Feb 2020 @ 1700 hr I VEH (A)

Pick up PAX @ the above location.

and start to move along the way.

VEH (B) back out I VEH (A) stop.

VEH (B) hit VEH A left front, @

the point of accident VEH (A) PAX

was injured.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821K

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.:

G:\SHC SketchPlanForm_v3

2

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MCD620014967 Vehicle Registration No: SH6500S
Name(as shown in NRIC) : BOI SECK KONG @BOEY SECK KONG NRIC/FIN/Passport No : SXXXX761C
☒ (*Vehicle Driver) Vehicle Owner) (*) Please delete as appropriate
Address : BLK 162 YISHUN STREET 11 #06-250 Singapore(760162)
Contact (Tel) : Mobile No. :
Email Address :
Date of Accident : 01/02/2020 Time of Accident : 17:00
Place of Accident : ANG MO KIO HUB TAXI STAND
Insurance Company: MS First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION **AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend 3P Vehicle No. Should be SHC6978D instead SHB6978D

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: xiaoyan
NRIC/FIN No.:
Date: 18.02.2020

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 6500S

DATE: 4. Feb. 2020

MAKE : HYUNDAI

MODEL : i40

DOA: 1. Feb. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover <i>x(R)</i>			\$1,052.20
1	Front Bumper Side Bracket – RH <i>xun</i>			\$24.60
1	Front Bumper Top Bracket – RH <i>xun</i>			\$22.40
10	Front Bumper Clips <i>xun</i>		\$2.20	\$22.00
1	Front Bumper Grille – RH <i>xun</i>			\$41.60
1	Headlamp – RH <i>scr</i>			\$1,388.00
1	Headlamp Support Panel <i>xun</i>			\$907.40
1	Front Fender – RH <i>x(R)</i>			\$566.30
SUB TOTAL				\$4,024.50
LESS 20%				\$804.90
DISCOUNTED TOTAL				\$3,219.60
				<i>\$1110.4</i>
1	Advertisement – RHF Fender <i>net</i>			\$100.00
				Nett
				\$100.00
Labour Charge				
1	Panel Beating			\$600.00 <i>\$560</i>
1	Spray Painting Charge			\$500.00 <i>\$400</i>
1	Tuff Kote			\$50.00 <i>xun</i>
1	Wiring Charge			\$50.00
TOTAL LABOUR				\$1,200.00
ESTIMATE TOTAL				\$4,519.60

LKK Auto Consultants hence notify the Reparer 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 for all cost

Acknowledged by Reparer: 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.

Signature:

Date:

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/INC20001973/Ftd3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 20-02-2020	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHB 6978D	Veh. Inspected	SH 6500S	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1082683-002	Excess (\$)	0.00	
Assign From		Assign Date	04/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU085478	Colour	BLUE	
Odometer	529002	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/65 R16	WEST LAKE	6 mm	
L/H Front Tyre	205/65 R16	WEST LAKE	6 mm	
R/H Rear Tyre	205/65 R16	WEST LAKE	6 mm	
L/H Rear Tyre	205/65 R16	WEST LAKE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	01/02/2020	Inspection Date	04/02/2020	
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: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6500S

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	SCRATCHED	1,388.00	1,388.00
1	HEADLAMP SUPPORT PANEL	NOT NECESSARY	907.40	-
1	FRONT FENDER - RH	TO REPAIR SEE LABOUR	566.30	-
	LESS 20% DISCOUNT		-804.90	-277.60
			3,219.60	1,110.40
	<u>SPECIAL NETT ITEMS</u>			
1	ADVERTISEMENT - RH FENDER (SN)	NECESSARY	100.00	100.00
			100.00	100.00
	<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.		50.00	50.00
			1,200.00	1,010.00
	GRAND TOTAL		4,519.60	2,220.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,750.00

Report Ref No. NS/INC20001973/Ftd3e2

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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