

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: SJQ 9194G
 Policy No: 511739082 (6/8/2019-28/05/2020)
 Claims No: MT/1084387-002
 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
	<input checked="" type="checkbox"/>

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: SH7621U yr Regn: 1181 2019
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Hyundai IONIQ CC: 1580
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 58652 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: KMHCS51CVKUI6860

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65 R.15
 R: _____

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

<u>Front</u>	<u>Rear</u>
R/Bal. <u>7</u> mm	R/Bal. <u>7</u> mm
L/Bal. <u>7</u> mm	L/Bal. <u>7</u> mm
D.O.A. <u>03/02/2020</u>	D.O.I. <u>5/2/2020</u>

Survey held at comfortdelgro (coyang)

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

O/S rear.

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

Date / Time	Action / Instruction
	<u>SH7621U - CC3/ICS17013120/Klea3q.2</u>
	<u>SJQ 9194G - NS/INC17015817/Srbe 2</u>
	<u>P/P repair: \$720/- with 2 repair days (Red: 110', 137%)</u>
	<u>confirm on 17/2/2020 with chuang.</u>

NTUC DOA: 4/7/2017
 DOA: 11/08/2017

P/P Labour Only
19/2/2020

Date/Time, File Pass to? : Preli. Report
19/2 Typist : Final Report
 Date/Time, File Return to?

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$) : Interview (\$) : Tech. Insp (\$) : Wheel end (\$)

Survey Fee:	
Transportation:	
Phone:	
Other:	
TOTAL:	

Report Format: TP
 Lump Sum: 720/-

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Tuesday, 18 February 2020 8:47 AM
To: Denise Tay (LKKAUTO)
Subject: RE: REQUEST CLAIM NUMBER

Dear Sir/Mdm,

We have registered the claim.

Our reference number: MT/1084387-002
Claim Officer: Quek Swee Keng

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



At Income, we are 'In with You' on Performance Innovation and Impact. These attributes reflect what we value as an employer and what we want our people to achieve. Find out more at income.com.sg/careers

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Monday, 17 February 2020 2:57 PM
To: MTCL@income.com.sg
Subject: RE: REQUEST CLAIM NUMBER

Dear Diana,

Will double check on the 1st request, have re-check on 2nd insured vehicle as below.

2	Comfort Transportation PTE LTD	SH 7621U	SJQ 9194G	03/02/2020	15:00	830.00	720
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Best Regards,

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/02/2020 09:11"/>
Vehicle No.(For Motor)	<input type="text" value="SJQ9194G"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5111739082		FALCON CHARIOT PTE. LTD.	201906964E	GPC	drive CLASSIC	SJQ9194G	SJQ9194G	06/08/2019	28/05/2020

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	04/02/2020 15:26
Date Of Accident	03/02/2020 15:00
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD TWDS PETIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7621U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
Email Address	FLEETSAFTY@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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TOH HAN HONG
NRIC No	SXXXX823C
Date Of Birth	19/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	18/03/1988
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96739049
Fax Number	
Contact Number	
Email Address	TOHHANHONG@SINGNET.COM.SG

Address 611 #08-173 CHOA CHU KANG STREET 62
 Postcode 680611
 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? YES
 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: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] CHANGKAT NPP
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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 SJQ9194G
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver NG YEW HONG
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

FRT LEFT

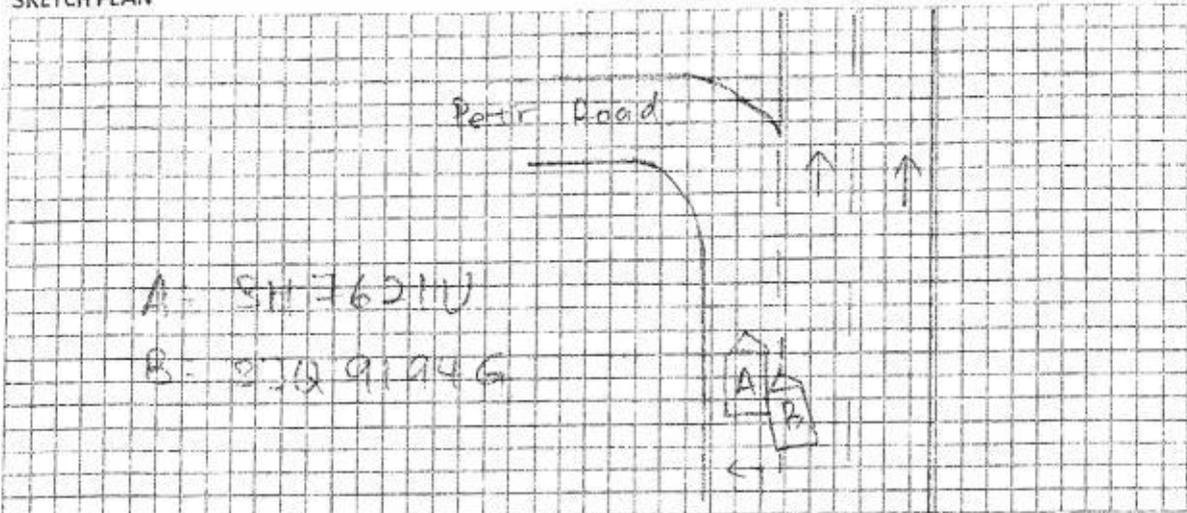
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TOH HAN HONG
Approximate Age	50
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SH7621U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached police report.

T | 20200304 | 0664

DECLARATION

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

COMFORT TRANSPORTATION BERKAT

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.:

Loke Wei Yieng

9/2/2020



**SINGAPORE
POLICE FORCE**



T/20200204/2064

1 of 3

Report No. T/20200204/2064

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2020 13:57	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: TOH HAN HONG		Address: APT BLK 611 CHOA CHU KANG STREET 62 #08-173 SINGAPORE 680611	
ID Type / ID No.: NRIC NO / S7012823C		Contact No.:	Mobile: 96739049
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 19/04/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2020 15:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 UPPER BUKIT TIMAH ROAD PETIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7621U	Car	HYUNDAI	IONIC	Blue	Slightly Damaged	1
SJQ9194G	Car	TOYOTA		Grey	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200204/2064

2 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20200204/2064

CONTINUATION OF REPORT

Driver			
Name	TOH HAN HONG		ID No. S7012823C
Related Vehicle	SH7621U (Car)		Contact No. 96739049
Hospital/Clinic	YM CHAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	04/02/2020	Date Discharge	04/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG YEOW HONG		ID No. S7512712Z
Related Vehicle	SJQ9194G (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On the abovementioned date, time and location, I (SH7621U) was travelling along Upp Bukit timah Rd turning into the filter lane towards Petir Rd when another vehicle (SJQ9194G) cut into the filter lane from lane 2 at the last minute behind me. I then felt an impact from the right rear side of my vehicle. I then noticed that the said vehicle had collided into me. I drove my vehicle and stopped along Petir Rd. I then got off and discovered scratches and dents on the right rear area of my vehicle. We then exchange particulars. No police and ambulance at scene. I visited the doctor after the incident and was provided with 3 days of Medical Leave. I suffered soreness on my back and neck due to the impact. I had passengers in the vehicle and she claimed that she was not injured at that point of time. I am lodging this report for insurance claims purposes.



**SINGAPORE
POLICE FORCE**



T/20200204/2064

3 of 3

Report No. T/20200204/2064

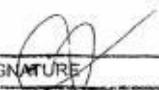
Police Station Of Origin;
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

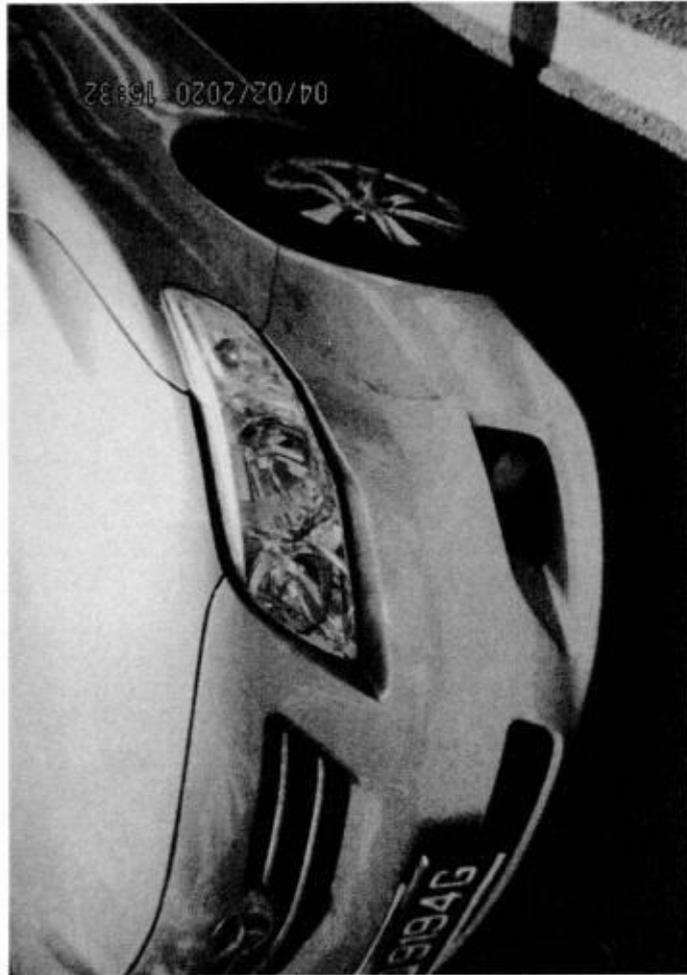
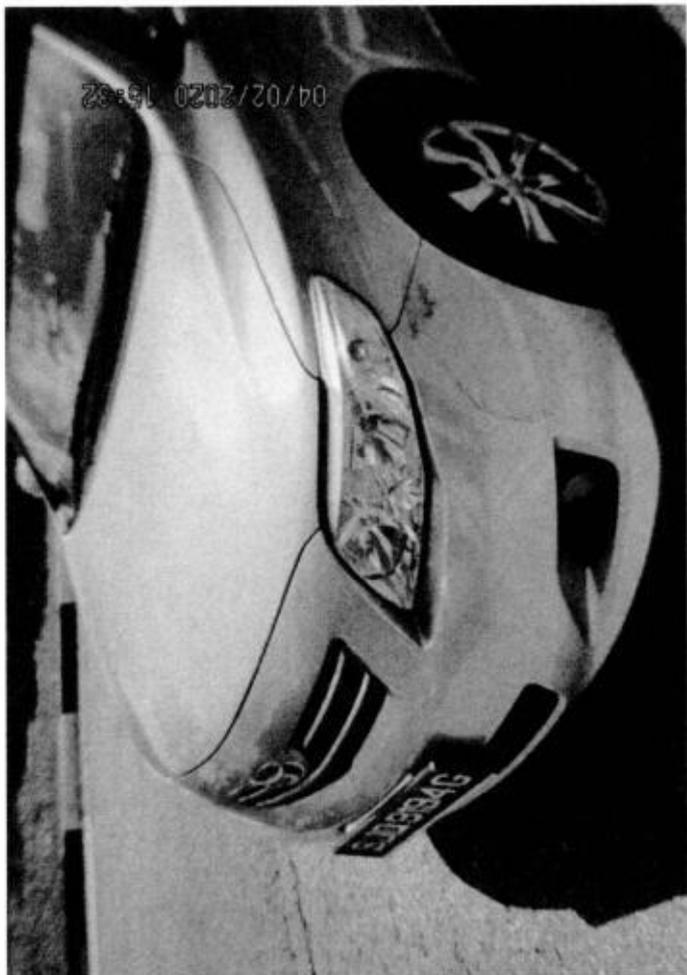
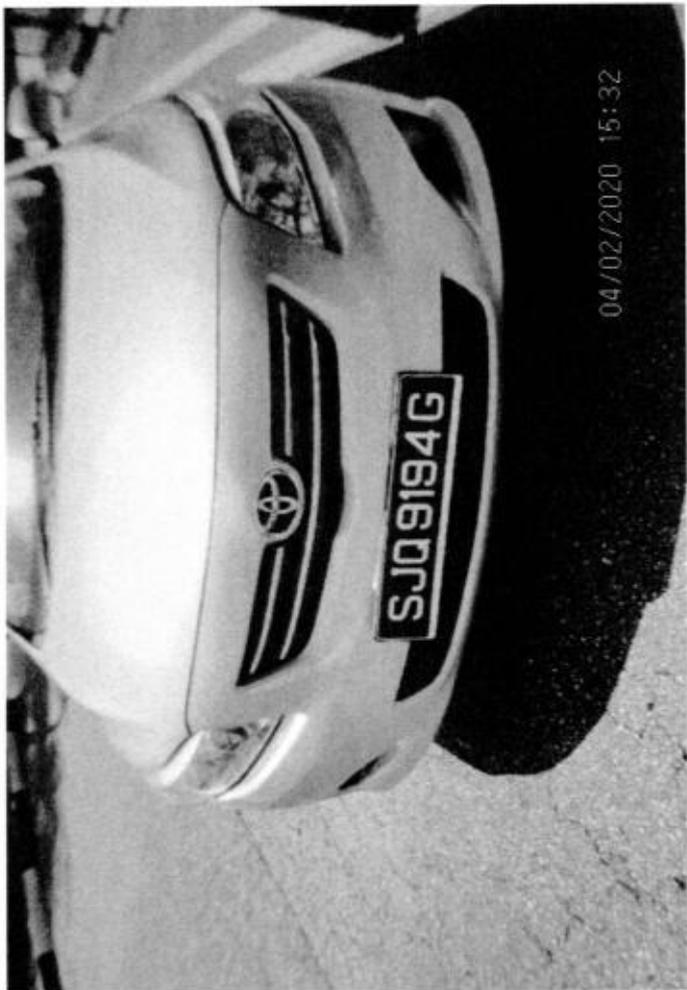
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 DANESH ASYRAFF BIN LEONADI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2020 13:57
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG  SINGAPORE Contact No.: 65476404 POLICE FORCE	Classification Of Case: <div style="border: 1px solid black; width: 100%; height: 40px;"></div>
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px;">  SIGNATURE </div>





A member of COMFORTDELGRO

Date/Time: 04.02.2020 16:27 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

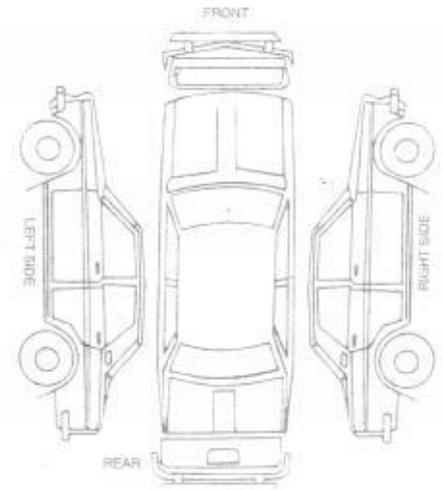
JC NO.: 305378897

STOMER /MS STOMER NO. DRESS (R) (P) ICOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755		REGN NO.: SH 7621U	MILEAGE
			MAKE: HYUNDAI	FUEL E.....1/2.....F
			MODEL IONIQ(G2)	DATE/TIME IN 04.02.2020 14:25
			YR OF MANU 01.08.2019	TARGET DATE
			CHASSIS CODE KMHC851CVKU164860	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 03.02.2020
 NATURE: 3P 03.02.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SH 7621U** CHIANG

Vehicle No.: **SH 7621U**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305378897

Date : 12/02/20

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

FINALIZATION FORM

To : LKK

Fax : _____

Attn : RAM

: SH7621U

03/02/20

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

1. The repair job shall bill to: NTUC SJQ9164G

2. The finalized amount shall be:

(a) Spare Parts after List discount 0

(b) Labour Charges

Total for Part-By-Part Repair Cost

\$830.00	\$720
\$830.00	\$720

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

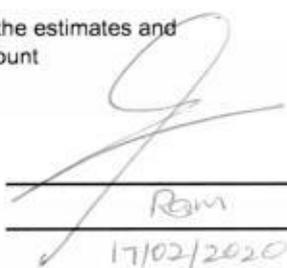
3. Estimated normal period for repairs: 2 working days.

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 : CHIANG

Name : Ram

Tel : 62148314

Date : 17/02/2020

Fax : 65468156

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:

am

COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.02.2020

Time: 16:42:27

Page: 1

REPAIR ESTIMATE

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

JOB NO : 305378897
REGN NO : SH 7621U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.08.2019
DATE/TIME IN : 04.02.2020 14:25
ACCIDENT DATE : 03.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 PB PANEL BEATING

380.00 ~~380.00~~ \$320

0001 SP SPRAYPAINT CHARGE

450.00 ~~450.00~~ \$100

SUB-TOTAL : 830.00

\$720/=

TOTAL : 830.00

AUTHORISED : YES / NO

NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE :

DATE :

Handwritten signature: *Wan / cheng*

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.02.2020

REPAIR ESTIMATE

Time: 16:42:24

Page: 1

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

JOB NO : 305378897
REGN NO : SH 7621U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.08.2019
DATE/TIME IN : 04.02.2020 14:25
ACCIDENT DATE : 03.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 PB PANEL BEATING
0001 SP SPRAYPAINT CHARGE

380.00 \$320
450.00 \$400

SUB-TOTAL : 830.00

TOTAL : 830.00 ✕

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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:

Handwritten notes:
RQM (LKK)
5/2/2020 1315
Pan...@lkk.com
886277
cut repair photo
P/R
2 days repair 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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC20002054/Ftd3s2			
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.	SJQ 9194G	Veh. Inspected	SH 7621U
Policy No.	511739082	Coverage (\$)	0.00
Claim No.	MT/1084387-002	Excess (\$)	0.00
Assign From		Assign Date	05/02/2020
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU164860	Colour	BLUE
Odometer	58652	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	7 mm
L/H Front Tyre	195/65 R15	MICHELIN	7 mm
R/H Rear Tyre	195/65 R15	MICHELIN	7 mm
L/H Rear Tyre	195/65 R15	MICHELIN	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	03/02/2020	Inspection Date	05/02/2020
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:		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. SH 7621U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING.		380.00	320.00
	SPRAY PAINT CHARGE.		450.00	400.00
			830.00	720.00
	GRAND TOTAL		830.00	720.00
	RECOMMENDED COST OF REPAIRS (CONFIRMED)			720.00

Report Ref No. NS/INC20002054/Ftd3s2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.