

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: SKH 3331C

Policy No: 5103264389-01 (10/10/19-9/10/2020)

Claims No: MT/1084190-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Est. or Market Value: _____

IUAC Accident Report: _____ Consistent? Yes or No

GR / PR Seen: _____ Consistent? Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lump Sum: _____ % J Val.: Yes or No

CA / REV / REP. / 24 HRS

Usage: _____ Person Contacted: _____

Date / Time Action / Instruction

SHC 84322 - NS/INC/2000741 / High

SKH 3331 C-X

10/12/2020 Finalised lump sum REPAIR \$ 950.00 / 3 REPAIR DAYS

(Red 36hr, 79%)

Veh No: SHC 84322 Yr Regn: 15 OCT 2015

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

Truck / Tractor or

Make: HYUNDAI 140 c.c. 1685

Colour: BLUE A/C: Insured / Std / Nil / NA

Sp. Reading: 502,771 T/Radio: Insured / Std / Nil / NA

Engl No: _____

C/Nr: 1KMH LBYUM GND 7P568

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: III / SIRIm / STD / RIm or

Tyre Size: F: 205/60 R16

R: 11

BS / DUH / EXHOVA / GY / FS / LZA / MIC / QITSU / PIR / SUMI /

TOYO / YOKO or WESTLACE

Front: _____ Rear: _____

R/Bal: 5 mm R/Bal: 6

L/Bal: 5 mm L/Bal: 6

D.O.A. 12/2/2020 U.O.A. 13/2/2020

Survey held at: CDGE LOYANLT

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roadtop or

N/S FR

The UIC / Chassis frame / Body Structure effected due to collision

INC LIS

RECEIVED 24 FEB 2020

Date/Time, File Pass 107

1) _____ : Prelim Report

2) _____ : Final Report

Date/Time, File Return 107

3) _____

Report Format: 7P

Lump Sum / F.P. (\$) 950

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee: 160

Transportation

Add Fee: _____

_____ : Site Insp (\$)

_____ : Interview (\$)

_____ : Tech. Invs (\$)

_____ : Weekend (\$)

Survey Fee: 160

Transportation

160

Shiau Chan (LKKAUTO)

From: MTCL@income.com.sg
Sent: Sunday, 23 February 2020 5:00 PM
To: Shiau Chan (LKKAUTO)
Subject: RE: REQUEST CLAIM NUMBER

Dear Sir/Mdm,

We have registered the claim.

Our reference number: MT/1084190-002
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



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

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From: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Friday, 21 February 2020 5:53 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 21/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D
1		COMFORT TRANSPORTATION PTE LTD	SHC 8432Z	SKH 3331C	

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="12/02/2020 12:38"/>
Vehicle No.(For Motor)	<input type="text" value="SKH3331C"/>	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 type="radio"/>	5103264389-01		KOO CHONG NGEE	S1542218A	GPC	drivo CLASSIC	SKH3331C	SKH3331C	10/10/2019	09/10/2020

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	13/02/2020 11:37
Date Of Accident	12/02/2020 17:40
Exact Location Of Accident	YISHUN AVE 2 TWDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8432Z
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	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	KAMSAN BIN HASSAN
NRIC No	SXXXX450H
Date Of Birth	02/02/1950
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1981
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83390850
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 274 YISHUN ST 22 #12-146
Postcode	760274
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?	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

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	SKH3331C
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	RIGHT REAR
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.

COMFORT TRANSPORTATION PTE LTD
CC. REG. NO. 199203321K

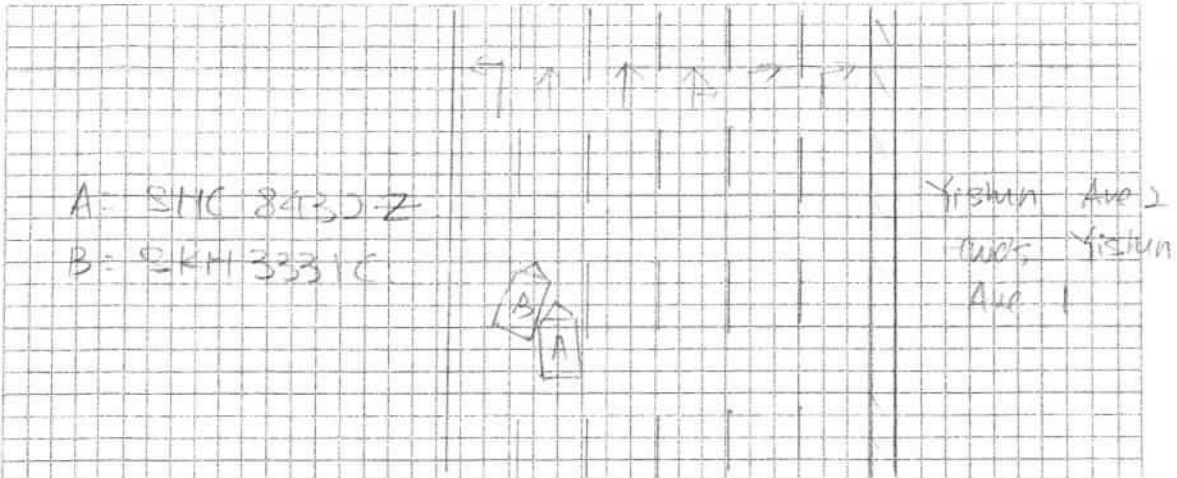
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/2/2020 at about 17:40 hrs, I

Veh A was driving at above said location

without passenger. Suddenly Veh B encroached

into my lane from extreme left lane and it

right rear portion grazed onto the front left

portion of my taxi. No injury reported in this

accident.

DECLARATION

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

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Loke Wei Yiang
NRIC/FIN No:

504940 SketchPlanForm_73

Date/Time: 13.02.2020 14:36

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305381191

CUSTOMER

MS

CUSTOMER NO.

ADDRESS

(R)

(P)

COUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

VAR

REGN NO.:

SHC8432Z

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

13.02.2020 10:15

YR OF MANU

15.10.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU078568

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.02.2020

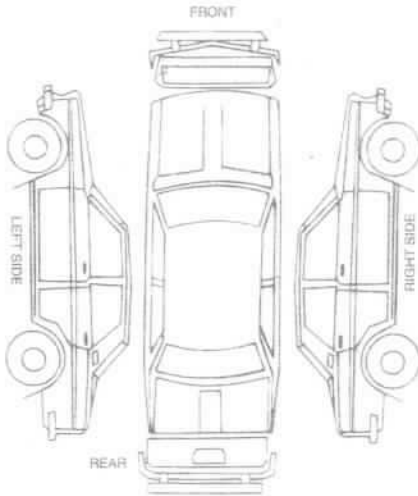
NATURE: 3P 12.02.2020 (C)

SMO

LABOR CODE

DESCRIPTION

NTUC - Left Front



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.:

SHC8432Z

LARRY

Vehicle No.:

SHC8432Z

Larry Ng

Signature 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 : SHC8432Z

DATE: 13. Feb. 2020

MAKE : HYUNDAI

MODEL : i40

DOA: 12. Feb. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover			\$1,052.20
1	Front Bumper Side Bracket – LH			\$24.60
1	Front Bumper Top Bracket – LH			\$22.40
10	Front Bumper Clips		\$2.20	\$22.00
1	Front Fender – LH			\$566.30
1	Front Wheel Cover – LH			\$107.10
1	Headlamp – LH			\$1,388.00
1	Headlamp Support Panel			\$907.40
SUB TOTAL				\$4,090.00
LESS 20%				\$818.00
DISCOUNTED TOTAL				\$3,272.00
1	Advertisement – LHF Fender			\$100.00
Labour Charge				
1	Panel Beating			\$600.00
1	Spray Painting Charge			\$500.00
1	Tuff Kote			\$50.00
1	Wiring Charge			\$50.00
TOTAL LABOUR				\$1,200.00
ESTIMATE TOTAL				\$4,572.00
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.				

XR
XJVL
XJVL
XJVL
XR
- QRK
XJVL
XJVL

Nett NG

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:

\$60
400
40
XNN

NA2 LKK
13/2/2020 1645
L/S
3D (M)
AFTER REPAIR PHOTO

Larry Ng

Our Job Ref No : 305381191
Date : 20. Feb. 2020

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHC8432Z

Date of Accident: 12. Feb. 2020

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

1. The repair job shall bill to: NTUC SKH3331C
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 \$950.00

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : NAZ LKK

Name : NAZ LKK

Date : 20/02/2020

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		NO		
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/INC20002589/Nqd3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 25-02-2020	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKH 3331C	Veh. Inspected	SHC 8432Z	
Policy No.	5103264389-01	Coverage (\$)	0.00	
Claim No.	MT/1084190-002	Excess (\$)	0.00	
Assign From		Assign Date	13/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU078568	Colour	BLUE	
Odometer	502771	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	5 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	5 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 N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/02/2020	Inspection Date	13/02/2020	
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. SHC 8432Z

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 - LH	SERVICEABLE	24.60	-
1	FRONT BUMPER TOP BRACKET - LH	SERVICEABLE	22.40	-
10	FRONT BUMPER CLIPS @\$2.20	SERVICEABLE	22.00	-
1	FRONT FENDER - LH	TO REPAIR SEE LABOUR	566.30	-
1	FRONT WHEEL COVER - LH	CRACKED	107.10	107.10
1	HEADLAMP - LH	SERVICEABLE	1,388.00	-
1	HEADLAMP SUPPORT PANEL	SERVICEABLE	907.40	-
	LESS 20% DISCOUNT		-818.00	-21.42
			3,272.00	85.68
	<u>SPECIAL NETT ITEMS</u>			
1	ADVERTISEMENT - LHF 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 - LH.		600.00	560.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.		50.00	40.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
			1,200.00	1,000.00
	GRAND TOTAL		4,572.00	1,185.68
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			950.00

Report Ref No. NS/INC20002589/Nqd3e2

MUHAMMAD NAZRIL BIN ABDULLAH

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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