

ASS. REC. BY:

faw

REF:

NSI/NC 2004796/FAF3

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:

SMK 37552

Policy No.

511615054 (07/06/2019-07/07/2020)

Claims No.

MT/1090495-002

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SH 6343D

Yr Regn:

21/11/2016

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

Truck / Trailer or

Make:

Hyundai 140

C.C 1685

Colour:

blue

A/C:

Insured / Std / NI / NA

Sp. Reading

457654

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHUB10MHUC96479

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:

205/60 R16

R:

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

1/04/2020

D.O.I.

1/04/2020

Survey held at

comfortable (long)

Des. of Damages (Frnt) / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

SH 6343D - CC4 / 116015054 / GUY 3/2

Don: 11/07/2016

SMK 37552 - X

L/S \$1000/= with 2 repair days

(Red: 1521.84; 58%)

confirm on 3/4/2020 with Sumari

Date/Time, File Pass to?



: Prel. Report

1) b14 typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)

Report Format:

OTF

Lump Sum / Fee: \$

1100/-

Denise Tay (LKKAuto)

From: MTCL@income.com.sg
Sent: Friday, 3 April 2020 1:49 PM
To: Denise Tay (LKKAuto)
Subject: RE: REQUEST CLAIM NUMBER

Hi,

Please refer to below for claim number, thanks.

Regards,

Ignatius Koh
Operations – Motor and Personal Lines



From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Friday, 3 April 2020 11:04 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

[CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you can confirm the sender and know the content is safe.]

Dear Sir/Mdm,

Request claim number

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1090495- 002	SMART TAXIS	SH 6343D	SMK 3755Z	01/04/2020	11:00	2621.84	\$1000

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6271-0351 | email: sur@lkkauto.com | fax: 6271-8802

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

COMFORTDELGRO ENGINEERING

Our Job Ref No 3053912530

Date : 02/04/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SH 6343D

DOA: 01/04/20

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

1. The repair job shall bill to: NTUC --- SMK3755Z
###
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: 20% \$1100.00 ✓
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 : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Ram

Date : 3/4/2020

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:

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="01/04/2020 09:51"/>							
Vehicle No. (For Motor)	<input type="text" value="SMK3755Z"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110150514		BODI KAMAL DEEP	S8378457A	GPC	drive CLASSIC	SMK3755Z	SMK3755Z	07/06/2019	07/07/2020
					<input type="button" value="Continue"/>					

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305391530

OWNER
COMFORT TRANSPORTATION PTE LTD
4S 7010045
OWNER NO. 383 SIN MING DRIVE
TESS Singapore SINGAPORE 575717
65508755

REGN NO.	SH 6343D	MILEAGE
MAKE :	HYUNDAI	FUEL
MODEL	I-40	DATE/TIME IN
YR OF MANU	24.11.2016	TARGET DATE
CHASSIS CODE	KMHLB41UMHU096479	COMPLETION DATE/TIME:

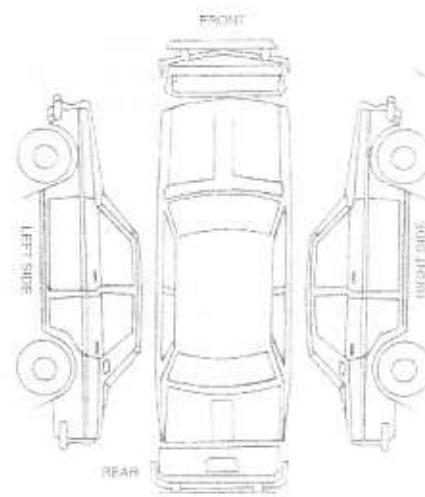
(R)
(P)

OUNT CARD NO.

Accident Date: 01.04.2020
NATURE: 3P 01.04.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Settlement Slip

Exit Pass

No.: SH 6343D JU NTUC LKK

Vehicle No.: SH 6343D

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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	01/04/2020 13:56
Date Of Accident	01/04/2020 11:00
Exact Location Of Accident	VISTA POINT AT WOODLANDS AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6343D
-----------------------------	---------

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	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	NG THIEM SENG
NRIC No	SXXXX393G
Date Of Birth	28/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	08/07/1987
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83809363
Fax Number	
Contact Number	
Email Address	NGTHIEMSENG@GMAIL.COM

Address	571B 08-914 WOODLANDS AVENUE 1
Postcode	732571
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 TO REAR (170 reversed)
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

SEE ATTACH.

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

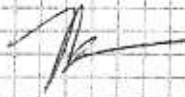
Vehicle Registration Number	SMK3755Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

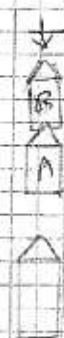
SKETCH PLAN

A = SH 63430

B = SMK 37552
(NISSAN)



VIA TO DO JAY
UNOPLISHED
AREA



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

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

DATE: 01 APR 2020
CO. REG. NO. 10950.1621R

[Signature]

Olivia Wendy

[Signature]

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 01 APR 2020
NRIC/FIN No.:

Sketch Plan Page 1 of 1

Describe Circumstances of the Accident.

On the 01/04/2020 at about 11:00hrs, I was driving out from the Vista Point MSCP at Woodlands Ave 4.

As I reached the parking barrier, there's a vehicle of SMK3755Z ahead so I stop.
While waiting for the said vehicle to drive out suddenly the said vehicle started to reversed and I was unable to react in time.
As a result the said vehicle collided onto my taxi front : portion.

No injury at the point of accident.

Declaration

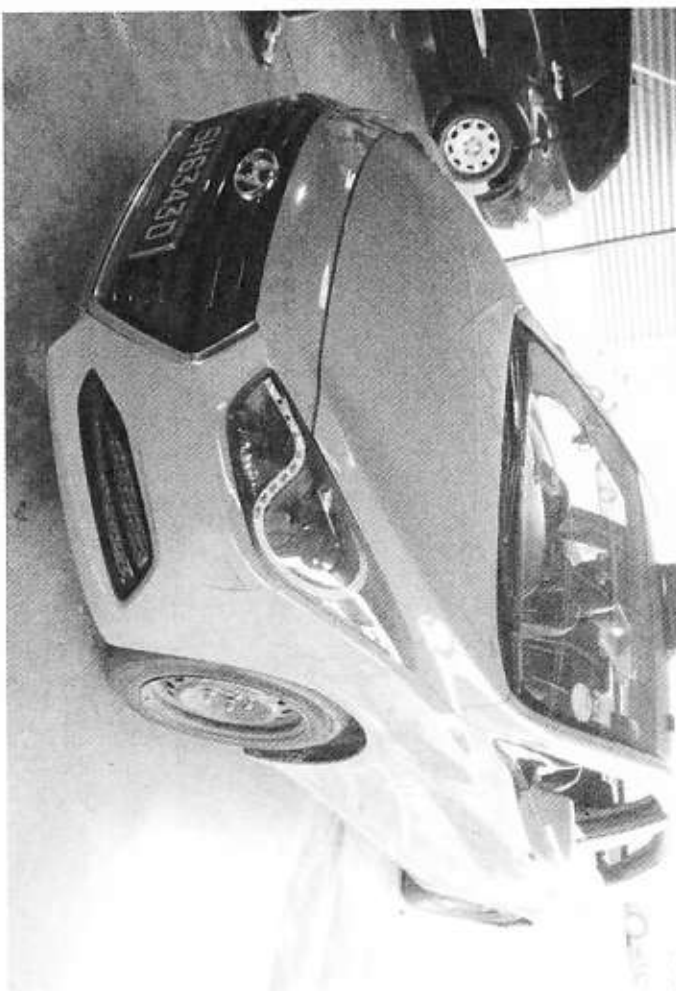
I/We declare the foregoing particulars are true in every respect.

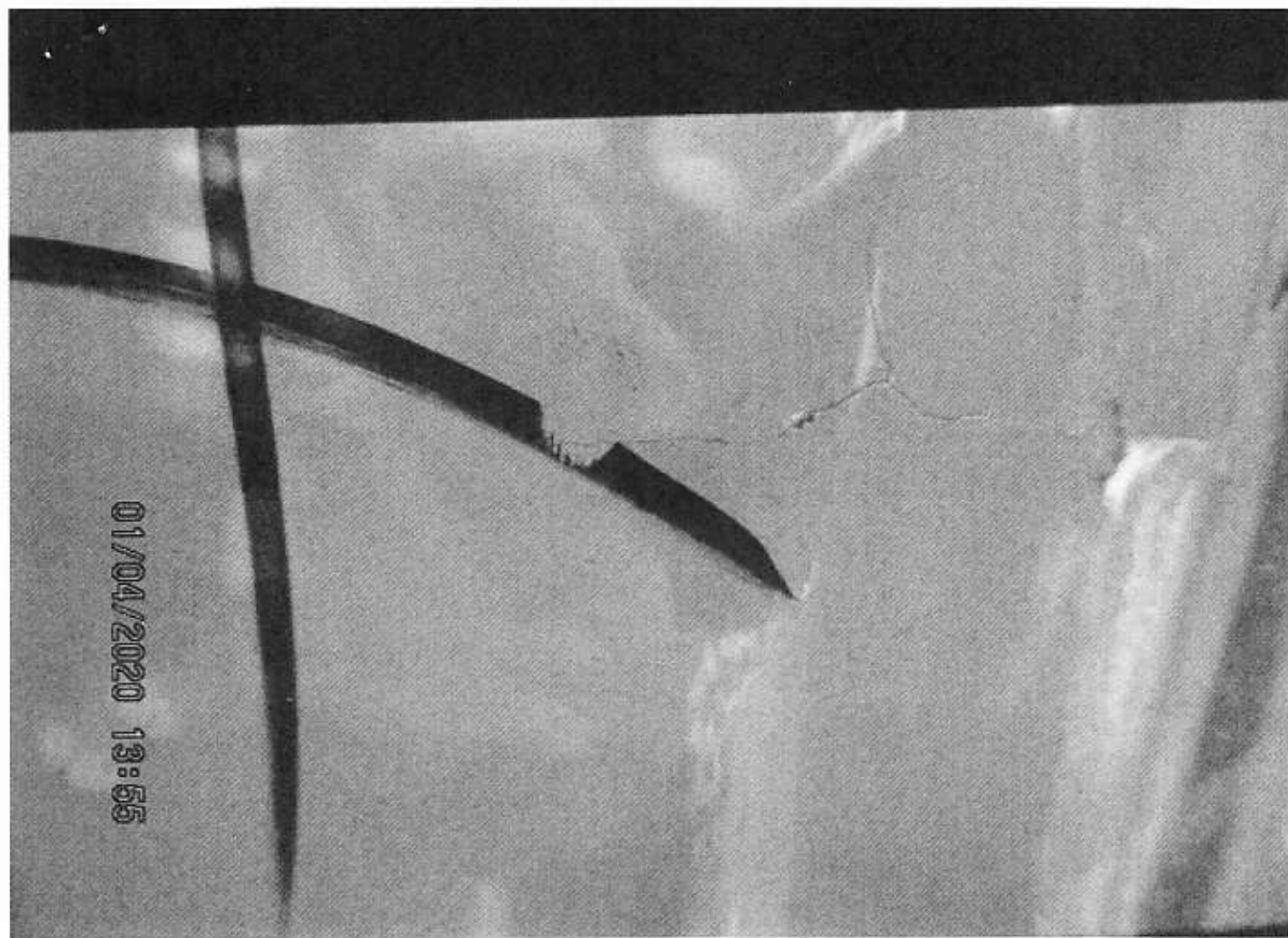
Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel

01 APR 2020





> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

B21R

Vehicle Details

Vehicle No.:

SH6343D

Vehicle to be Exported:

No

Intended Deregistration Date:

02 Apr 2020

Vehicle Make:

HYUNDAI

Vehicle Model:

I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Primary Colour:

Blue

Manufacturing Year:

2016

Engine No.:

D4FDGU690466

Chassis No.:

KMHLB41UMHU096479

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$19,374.00

Original Registration Date:

24 Nov 2016

First Registration Date:

24 Nov 2016

Transfer Count:

0

Actual ARF Paid:

\$19,374.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

23 Nov 2024

PARF Rebate Amount:

\$14,530.00

Intended COE Rebate Details

COE Expiry Date:

23 Nov 2024

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$41,313.00

COE Rebate Amount:

\$23,970.00

Total Rebate Amount:

\$38,500.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 02 Apr 2020

OK

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 01.04.2020

Time: 14:23:42

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 : 305391530
REGN NO : SH 6343D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 24.11.2016
DATE/TIME IN : 01.04.2020 12:45
ACCIDENT DATE : 01.04.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76	OK
0002 04-01-0103-0782-A	I40VC LAMP ASSY-HEAD RH#	1	1,388.00	20.00	1,110.40	1Xnn
0003 04-01-0103-0640-G	I40VC BRACKET-FR BUMPER S	1	24.60	20.00	19.68	Xnn

SUB-TOTAL : 1,971.84

JOB NATURE

0000 PB	PANEL BEATING	300.00	\$280
0001 SP	SPRAYPAINT CHARGE	300.00	\$200
0002 17-01	CHECK ALL LIGHTING	50.00	\$30

SUB-TOTAL : 650.00

TOTAL : 2,621.84

Jumani

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Ram (LKR)
1/04/2020 1500hrs
Ramsunam@lkrauto.com
88622778
(45) aft repair photo
(2) repair days