

SIN/INS: Kalvin

REF:

NS/WNC17023785/Klrbn2

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: **SJK 8561T**
 Policy No: **5056638197 - 05 06-11-17 - 05-11-18**
 Claims No: **MT/0973648-002**
 Sum Insured: _____ Excess: _____
 (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 Report: _____ 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

Gen No: **SHP 6887C** (Page 8 Oct 2015)
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T.O. / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai I40** cc: **1685**
 Colour: **Blue** A.C. Ins: **0** Std / NI / NA
 St. Reading: **420293** T. Radio: **0** Std / NI / NA
 Eng No: _____
 C.No: **1CMHCB414A64078408**
 Gen. Cond: Good / **P** / Poor / Burnt
 Steering: Inorder / **J** / Jammed / Leaked / Burnt or
 Brake: Inorder / **J** / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD **6** Rim or
 Tyre Size: F: **205/60 R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Westlake**
 Front: _____ Rear: _____
 R/Bal: **7** mm R/Bal: **7** mm
 L/Bal: **7** mm L/Bal: **7** mm
 D.O.A: **13/12/17** D.O.A: **14/12/17**
 Survey held at: **CDGE (6 years)**
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision:

Date / Time Action / Instruction

SHP 6887C - CC3 / ALH16019713 / Hlub3q2

Dxf: 1610.16

ZMC
4/3

SJK 8561T - X

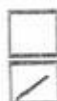
18/12/17 Contact Up \$850 / 2 Phys.

Red: \$1,611.58, 6.5%

RECEIVED 10 DEC 2017

Date/Time File Pass to?

typist



Date/Time File Return to?

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

Survey Fee:

Transcription:

S - P - S

Photo:

Sheet:

Page:

Add Fee:

Site Insp: \$

Interview: \$

Tech Insp: \$

Weekend: \$

Report Format: **TP**Lump Sum / 1st: \$ **850**

160

35

195



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/INC17023785/K1rb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 14-12-2017	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJK 8561T	Veh. Inspected	SHD 6887C	
Policy No.	5056638197-05	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	14/12/2017	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	13/12/2017	Inspection Date	14/12/2017	
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.				

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5056638197-05	TEO SIEW CHOO	S1317246C	GPC	drive CLASSIC	SJK8561T	SJK8561T	06/11/2017	05/11/2018

[Continue](#)

TP Claims against NTUC Income: Follow-Through Survey

Date: 18/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0973107-002	COMFORT TRANSPORTATION PTE LTD	SHA 6067T	SLU 3728L	09/12/2017	1:10	\$ 2,355.88	\$ 1,050.00
2	MT/0973333-002	COMFORT TRANSPORTATION PTE LTD	SHA 5334D	PA 7506S	10/12/2017	1:40	\$ 2,914.06	\$ 802.48
3	MT/0973648-002	COMFORT TRANSPORTATION PTE LTD	SHD 6887C	SLK 8561T	13/12/2017	16:10	\$ 2,461.58	\$ 850.00
4	MT/0973601-002	COMFORT TRANSPORTATION PTE LTD	SHD 8837J	SUN 6258S	13/12/2017	12:40	\$ 1,250.48	\$ 280.00
5	MT/0973067-002	COMFORT TRANSPORTATION PTE LTD	SH 7284J	GBD 4397	10/12/2017	17:10	\$ 5,365.04	\$ 2,450.00
6	MT/0970758-002	SMRT AUTOMOTIVE	SHC 4517P	SJV 9264L	21/11/2017	9:00	\$ 2,259.50	\$ 900.00
7	MT/0969123-002	SMRT AUTOMOTIVE	SMB 1394S	PC 3639H	09/11/2017	12:20	\$ 10,893.80	\$ 5,500.00

Claim received from LKK

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 ability.
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 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	14/12/2017 07:20
Date Of Accident	13/12/2017 16:10
Exact Location Of Accident	SLIP ROAD OF LOYANG AVENUE X TPE(TO SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6887C
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072701MFSH
Cover Note Number	

Driver

Name of Driver	GOH NGE HING
NRIC No	S2585903J
Date Of Birth	24/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	28/12/1989
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	SINYIN.123@GMAIL.COM

Address	13 #03-01 KIM KEAT ROAD
Postcode	SINYIN.123
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
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	3

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

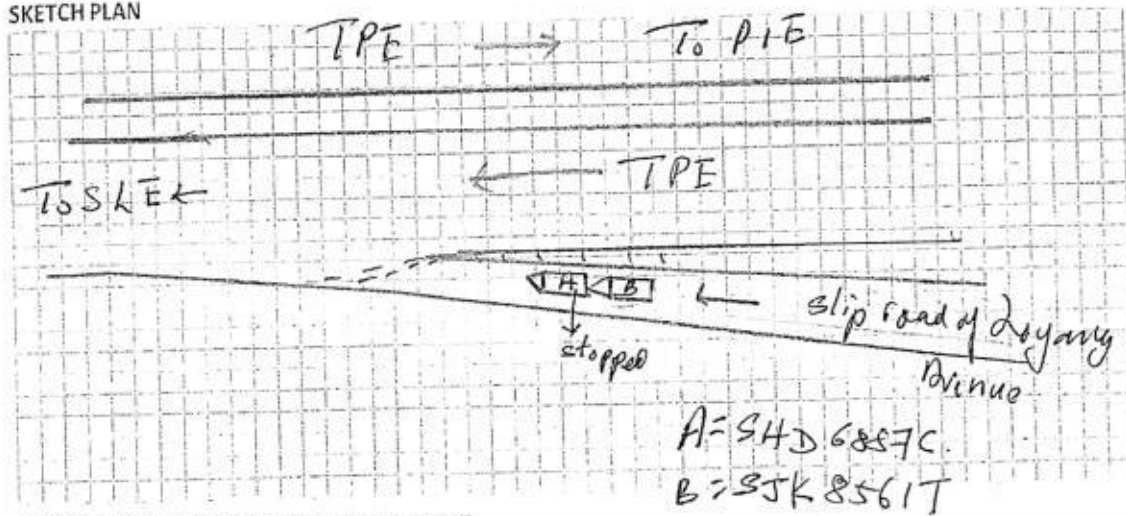
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK8561T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	PAULINE
NRIC/Passport Number	
Contact Number	98218946
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As seen in the video footage, while stopping on the slip road before TPE, suddenly vehicle B (SK 8561T) behind barged into the rear of my taxi.

I took photos at the scene.

Two passengers in my taxi.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 189303821R

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.:

13/12

Lim Ee Soon
CSO

Sketch Plan Pg. 2

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. 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.

OMFORT TRANSPORTATION PTE LTD
CC REG. NO. 193303821R

Goh

Lim Ee Soon
CSO

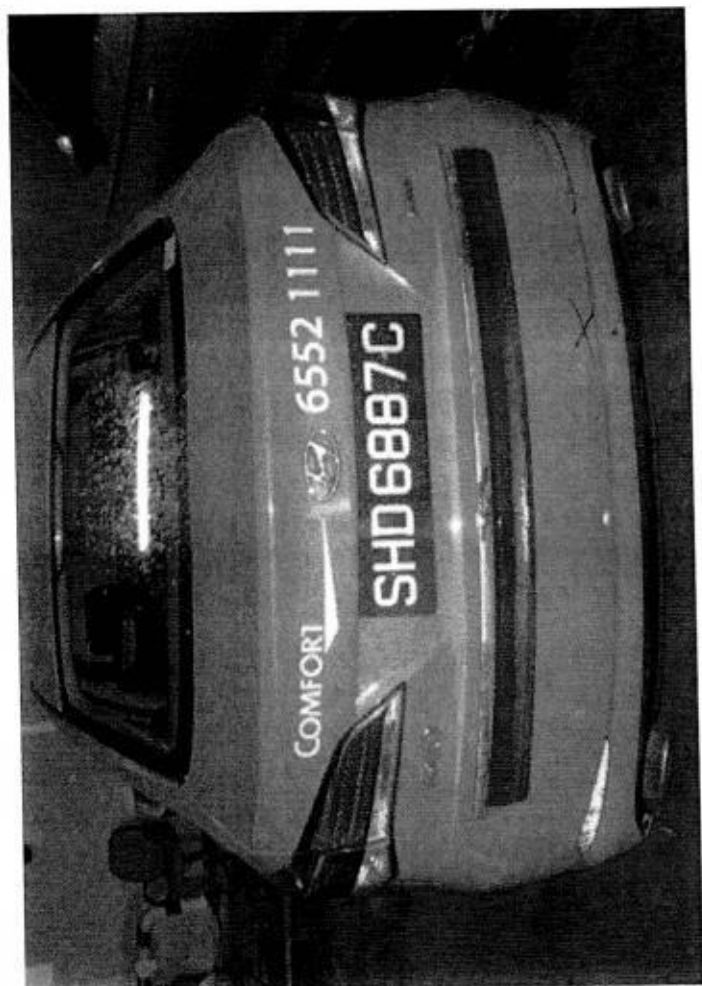
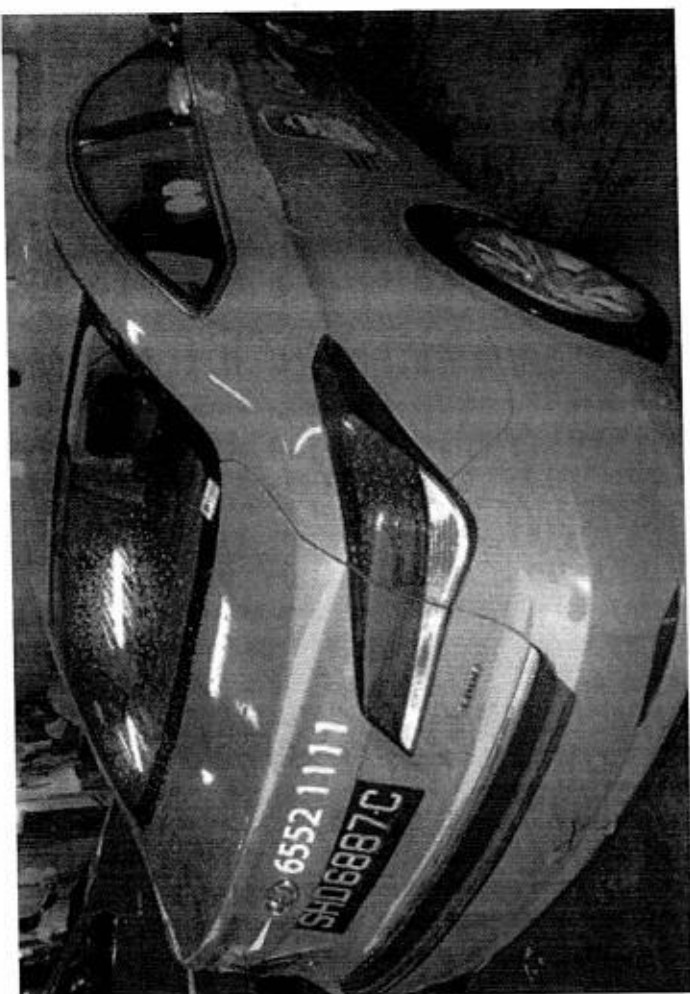
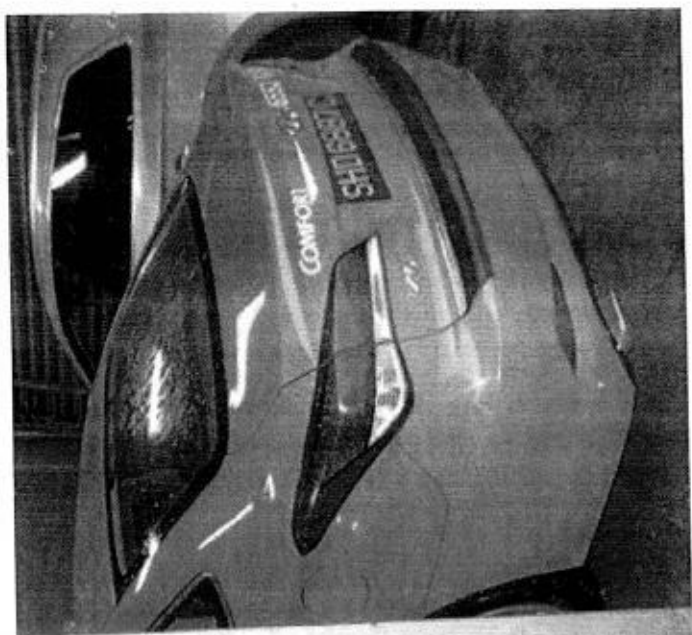
Policyholder's Signature
Date & Time:

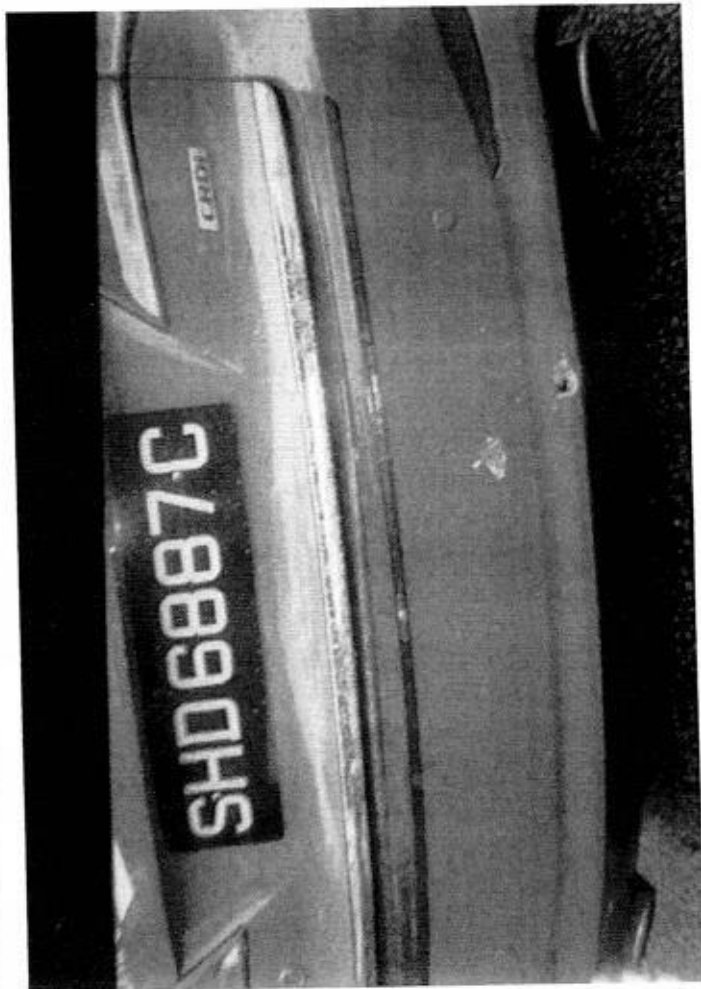
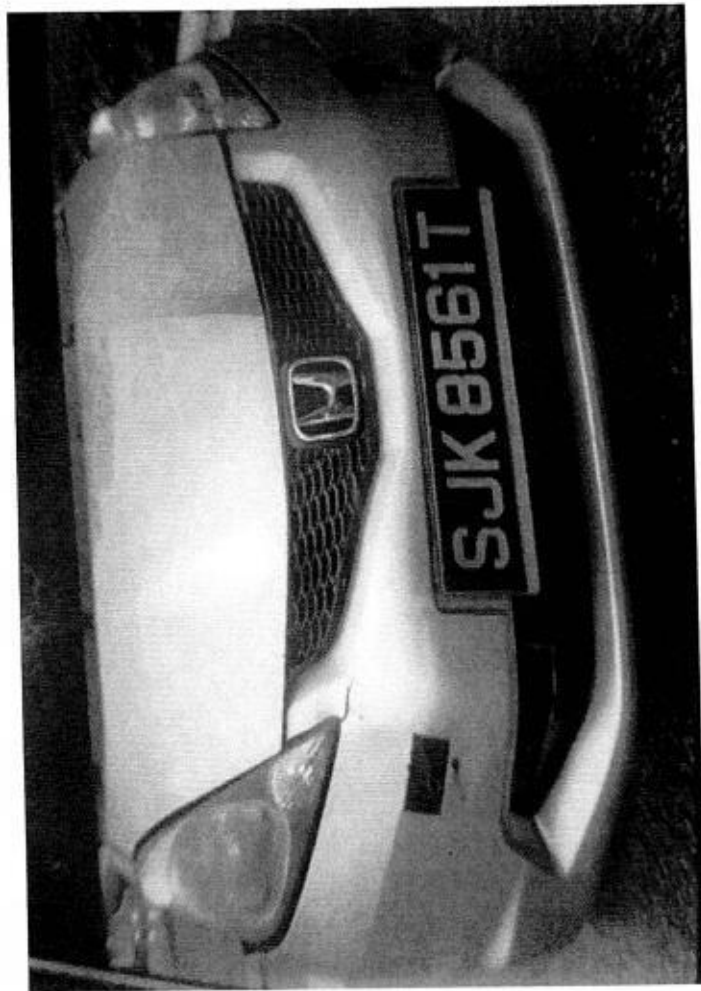
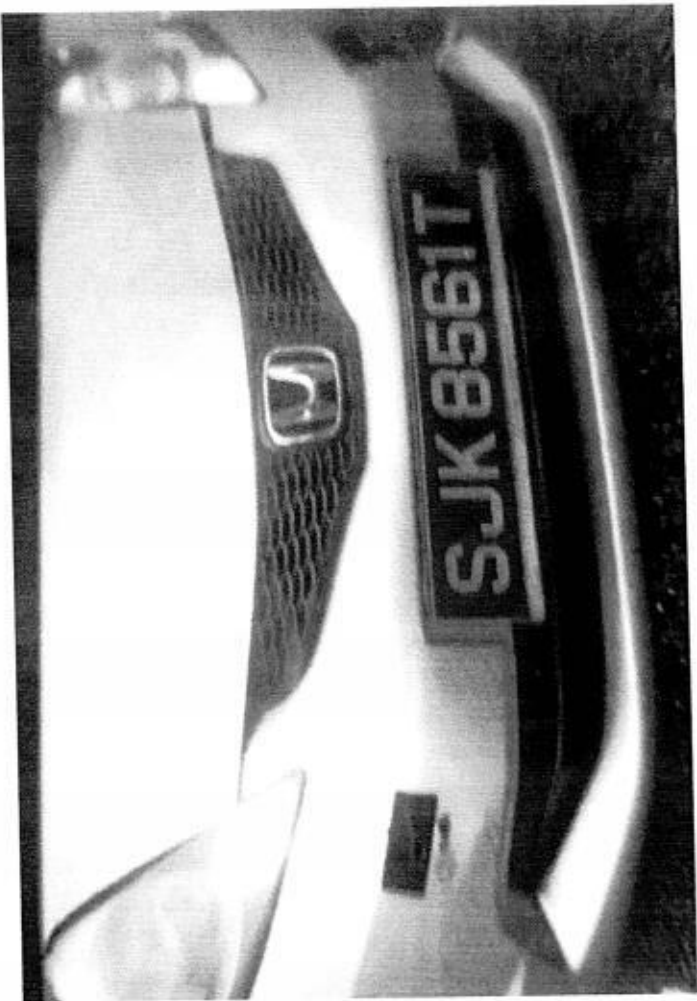
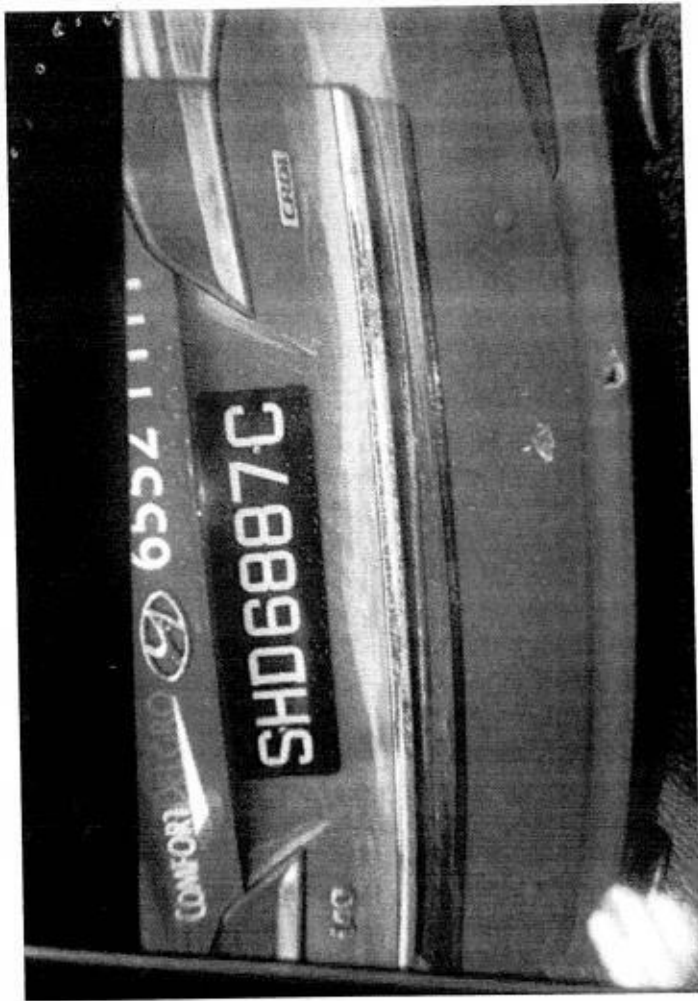
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

FORM 342 (Rev. 1/2014) Page 2

4 6
0 8





Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC No 305097852

COMER
IS COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

REGN NO: SHD6887C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 13.12.2017 17:00
YR OF MANU 08.10.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU078408	COMPLETION DATE/TIME:

NT.4C

JUNT CARD NO.

JOB DESCRIPTION

ccident Date: 13.12.2017
ATURE: 3P 13.12.2017

/NO LABOR CODE DESCRIPTION

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHD6887C LARRY

Vehicle No.: SHD6887C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6887C

DATE 14/12/2017 10:42

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Debrand Xsu</i>			\$ 603.60
	Rear Bumper Reinforcement <i>Xsu</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Xsu</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>Xsu</i>			\$ 49.00
	Rear Bumper Clips <i>na</i>			\$ 22.00
	Rear Bumper Sponge <i>Xsu</i>			\$ 143.40
	Rear Bumper Under Cover <i>Xsu</i>			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor <i>SHH</i>			\$ 135.70 Nett
	Rear Bumper Rubber Mat <i>na</i>			\$ 50.00 Nett
				\$ 185.70
	Labour Charge			200
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 200.00 180
	Wiring Charge			\$ 50.00 X2
	R/Refix Reverse Sensor			\$ 120.00 20
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,461.58

Kalin LKK

14/12/17 1410 hrs
2 Days
L/S
After by 2 p/b

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 dem(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305097852

Date : 17.12.2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD6887C

Date of Accident: 13.12.2017

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

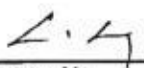
1. The repair job shall bill to: NTUC SJK8561T
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost \$850.00


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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Kalvin
Date : 18/12/17

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				
3. Survey Fees				
4. LTA Search Fee	\$5.35			
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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023785/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 26-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJK 8561T	Veh. Inspected	SHD 6887C
Policy No.	5056638197-05	Coverage (\$)	0.00
Claim No.	MT/0973648-002	Excess (\$)	0.00
Assign From		Assign Date	14/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU078408	Colour	BLUE
Odometer	420393	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	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	13/12/2017	Inspection Date	14/12/2017
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. SHD 6887C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-381.47	-125.12
			1,525.88	500.48
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	185.70
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			750.00	400.00
GRAND TOTAL			2,461.58	1,086.18
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				850.00

Report Ref No. NS/INC17023785/K1rbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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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.