

01/2018

Kalvin

REF: NS / INC17024516 / KHbnz

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: **SJR 8271T**
 Policy No: **5092375922** 15.07.17 - 140718
 Claims No: **MT/09-74867-002**
 Sum Insured: _____ Excess _____
 (Client's Record)
 Make of Veh: _____

/	
N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 IDAO 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: **SHC 8221R** yr Regn: **6 May 2015**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/O / Prime Mover /
 Truck / Trailer or _____
 Make: **Mercedes Benz E220** cc: **2143**
 Colour: **White** A/C: Insured / Std / NI / NA
 Sp Reading: **484965** T Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **W PD2120012B15 9643**
 Gen. Cond: Good / Fg / Poor / Burnt
 Steering: Inord Jammed / Leaked / Burnt or
 Brake: Inord Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD Rim or
 Tyre Size: F: _____ R: **225/55R16**
 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: **21/12/17** D.O.I: **22/12/17**
 Survey held at: **COAE (67ms)**
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
N/S Front
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction
27/12/17 Combined c/s \$2500/ 2hrs. (Red: 1126i 31%.) **INC 45**

SHC 8221R - CC3/TMP2140228114/Hlgbk3
SJR 8271T - X **DCR: 061214**

RECEIVED 07 MAR 2018

Date/Time: File Pass no? : Prelim. Report
7/3 Typist : Final Report
 Date/Time: File Return to? _____

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

Add Fee: Site Insp. \$
 Inter. Insp. \$
 Tech. Insp. \$
 Weekend \$

Report Format: **TP**
 Lump Sum / I.B.I. / S: **2500**

Survey Fee	160
Transportation	35
Other	
Total	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/INC17024516/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 8271T	Veh. Inspected	SHC 8221R
Policy No.	5092375922	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	22/12/2017

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

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5. General Information

Accident Date	21/12/2017	Inspection Date	27/12/2017
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.
--

Hello, NAC_PAYA_UB1_800601

[Change Language](#) [Change Password](#) [Log Out](#)

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092375922	ASTON EVENDI LIGAT	S7372883E	GPC	drive PREMIUM	SJR8271T	SJR8271T	15/07/2017	14/07/2018

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0983795-001	SMRT TAXIS PTE LTD	SHF 463X	SJN 9459J
2	MT/0981796-002	SMRT TAXIS PTE LTD	SHC 4663A	GBA 6665M
3	MT/0975626-001	COMFORT TRANSPORTATION PTE LTD	SHD 7056C	GBB 1942R
4	MT/0981648-002	COMFORT TRANSPORTATION PTE LTD	SHC 1712L	SGH 1324J
5	MT/0983803-001	COMFORT TRANSPORTATION PTE LTD	SHD 7132R	SJF 7099U
6	MT/0982121-002	CITYCAB PTE LTD	SHC 813K	FY 9030B
7	MT/0983229-002	COMFORT TRANSPORTATION PTE LTD	SHB 6683J	FBL 894A
8	MT/0981814-002	COMFORT TRANSPORTATION PTE LTD	SHA 7150D	SGK1749B
9	MT/0974867-002	COMFORT TRANSPORTATION PTE LTD	SHC 8221R	SJR 8271T
10	MT/0983812-001	CITYCAB PTE LTD	SHC 600H	SKH 1597R
11	MT/0981491-002	COMFORT TRANSPORTATION PTE LTD	SHC 8248P	SJL 8210B
12	MT/0982113-002	COMFORT TRANSPORTATION PTE LTD	SHC 2469H	SJE 4769U
13	MT/0976388-001	COMFORT TRANSPORTATION PTE LTD	SHD 3298Y	SKP 4054D
14	MT/0977790-003	SMRT TAXIS PTE LTD	SHC 4018M	SKK 7897U
15	MT/0983818-001	CITYCAB PTE LTD	SHB 3377M	SJN 6180G
16	MT/0974783-002	COMFORT TRANSPORTATION PTE LTD	SHC 8897R	SJB 8136K
17	MT/0974882-002	COMFORT TRANSPORTATION PTE LTD	SHD 3364P	GBF 2607G

Member of COMFORT DELGRO

Date/Time: 22.12.2017 12:27 Page : 1

Job Name: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305100332

OMER NO: 7010045 ISS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) JUNT CARD NO.	REGN NO: SHC8221R	MILEAGE
	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL: E220CDI (E6)	DATE/TIME IN 22.12.2017 09:45
	YR OF MANU: 06.05.2015	TARGET DATE
	CHASSIS CODE: WDD2120012B159643	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.12.2017
 NATURE: 3P 21.12.17/C

/NO LABOR CODE DESCRIPTION

Estimate not ready.

PREPARED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Exit Pass

Exit Pass

No.: SHC8221R JU NTUC LKK

Vehicle No.: SHC8221R

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned 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 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	22/12/2017 11:49
Date Of Accident	21/12/2017 17:45
Exact Location Of Accident	KIM SENG RD X RIVER VALLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8221R
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	MERCEDES-BENZ
Model	MERC

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	MCOM0016
Cover Note Number	

Driver

Name of Driver	TAY SOO SENG
NRIC No	S1384409G
Date Of Birth	04/12/1950
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1980
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	SSTAY@HOTMAIL.SG

Address 132 06-1259 BEDOK RESERVOIR ROAD
 Postcode 470132
 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 involved in the accident
 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)

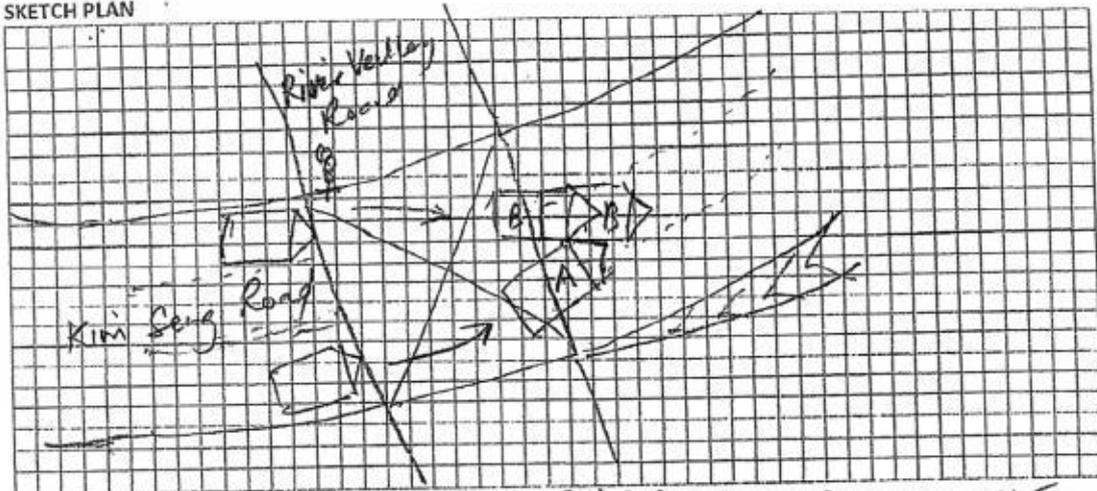
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: -
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJR8271T
 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 RHT REAR
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A) SAC 8221R B) SJR 8271T

On 21/12/17 at about 17:45 hrs while I Veh A was filtering to the left lane along the bend, Veh B also filtered to the right lane which I was filtering in and there was a collision.

DECLARATION

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

COMFORT TRANSPORTATION PTE -
CO REG. NO 199303821R

SR Moorthy
SR Moorthy
CSO

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Sketch Plan Pg. 2

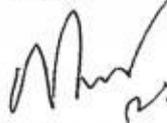
IMPORTANT NOTICE

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.

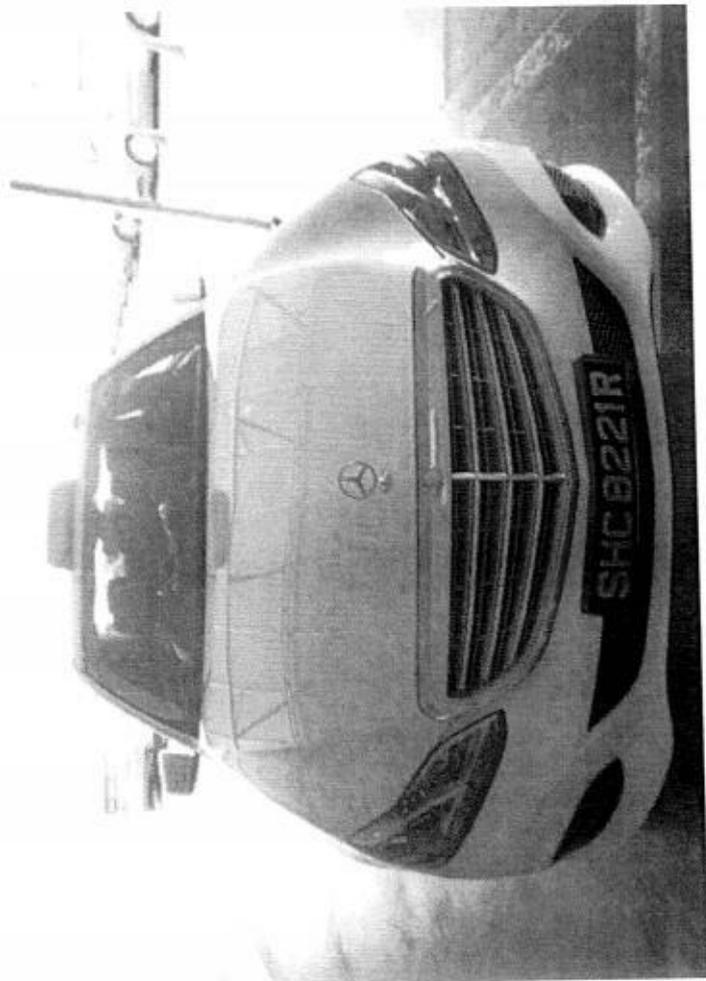
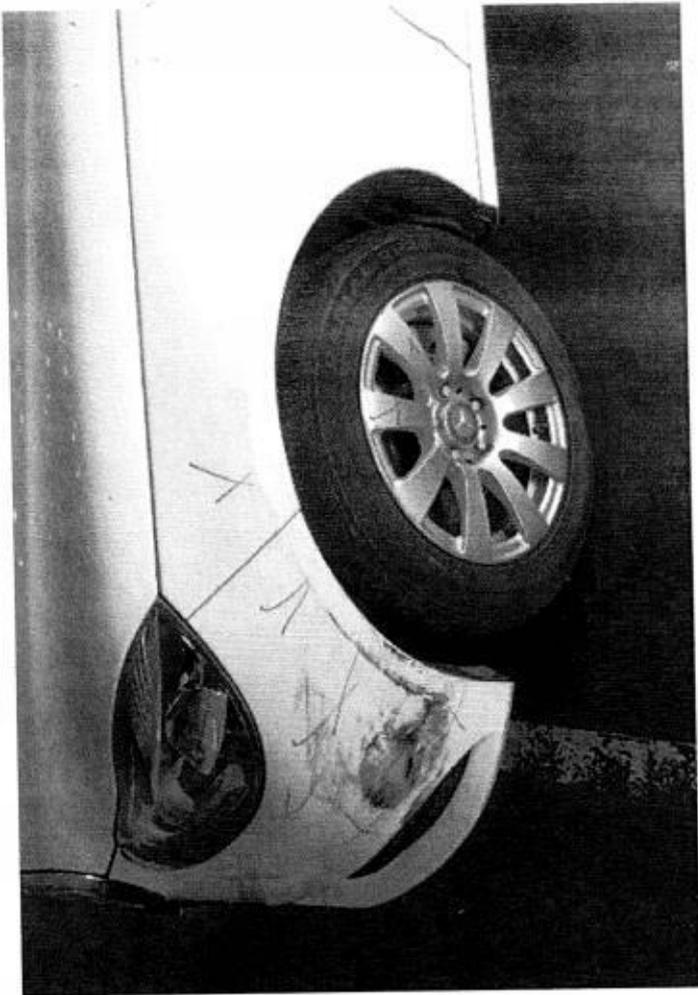
COMFORT TRANSPORTATION PTE LTD.
CO. REG. NO. 199303824R

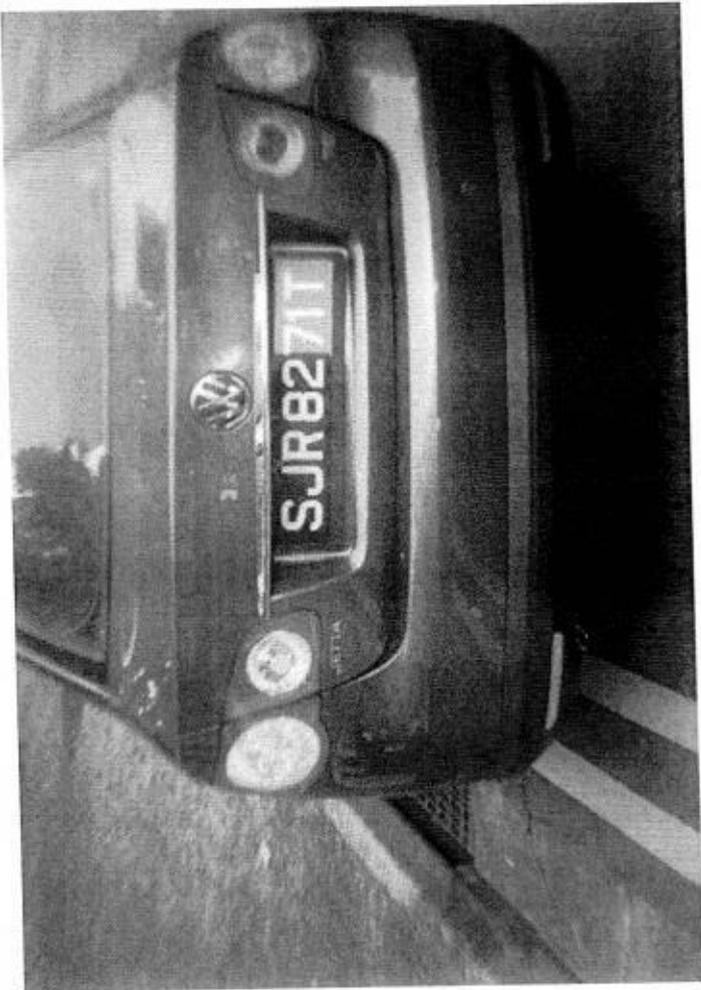
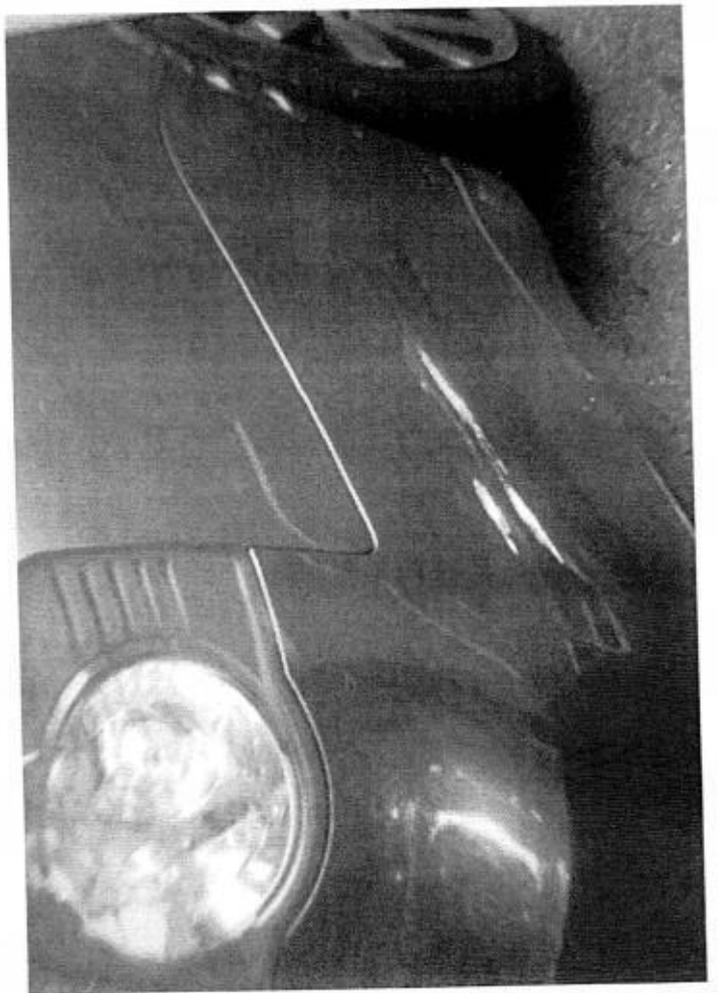
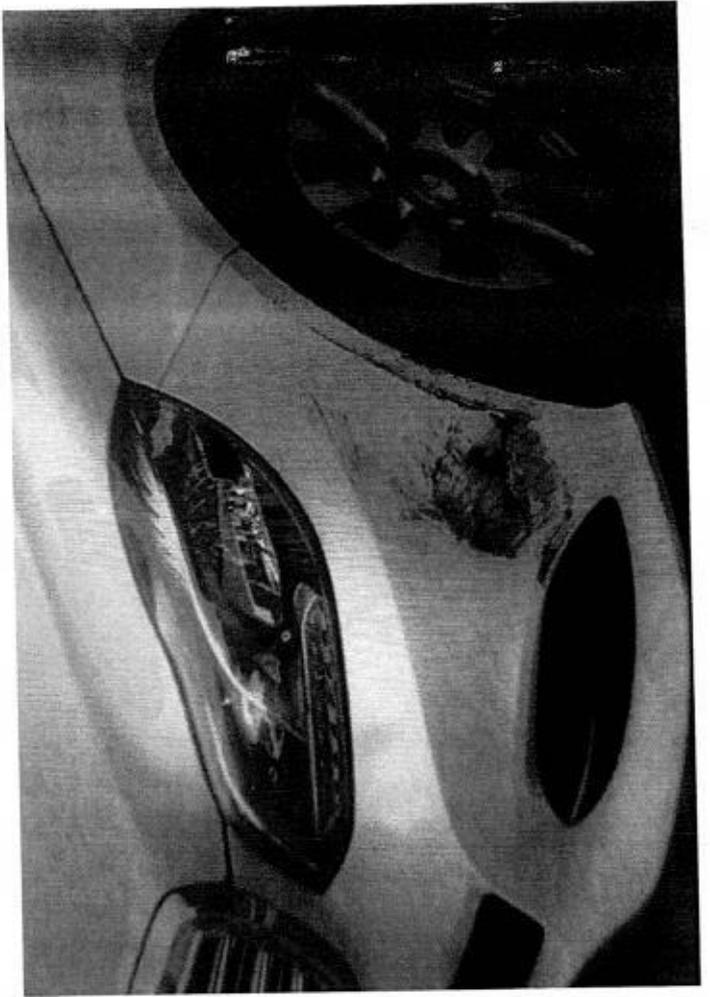

SR Moorthi,
CSO

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.:





COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

Ntuc

VEHICLE NO : SHC 8221R
 MAKE :
 MODEL : MERCEDES

DATE 22/12/2017 14:11

JU

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper Assy, Frt <i>Panel</i>			\$ 1,890.50
	Bumper Bracket, Frt/LH <i>X</i>			\$ 95.00
	Bumper Inner Clip, Frt <i>NA</i>			\$ 22.00
	Wheel Rim <i>knazd</i>			\$ 1,250.00
	<i>Front Fender (LH) repair</i>			
	SUB TOTAL			\$ 3,257.50
	LESS 20%			\$ 651.50
	DISCOUNTED TOTAL			\$ 2,606.00
	Labour Charge			
	Panel Beating			\$ 400.00 ²⁰⁰
	Spray Painting Charge			\$ 500.00 ⁴⁰⁰
	FRT Wheel Alignment			\$ 120.00 ^X
	TOTAL LABOUR			\$ 1,020.00
	ESTIMATE TOTAL			\$ 3,626.00
<p><i>Kalin 16114</i> <i>22/12/17 1420 hrs</i> <i>2/12/2</i> <i>4/5</i> <i>After Repair photo</i></p>				
<p>LKK Auto is suitable to certify the Repair. The following conditions apply:</p> <ul style="list-style-type: none"> To survey before spray painting To display damaged part(s) during survey 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 surveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p>				
<p>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.</p>				



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/INC17024516/K1tbn2	
73 BRAS BASAH ROAD		Date:	09-03-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE				
189556		Code:	INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJR 8271T	Veh. Inspected	SHC 8221R	
Policy No.	5092375922	Coverage (\$)	0.00	
Claim No.	MT/0974867-002	Excess (\$)	0.00	
Assign From		Assign Date	22/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ E220	c.c	2143	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	WDD2120012B159643	Colour	WHITE	
Odometer	484965	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/55 R16	WEST LAKE	7 mm	
L/H Front Tyre	225/55 R16	WEST LAKE	7 mm	
R/H Rear Tyre	225/55 R16	WEST LAKE	7 mm	
L/H Rear Tyre	225/55 R16	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	21/12/2017	Inspection Date	22/12/2017	
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. SHC 8221R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER ASSY,FRT	DEFORMED	1,890.50	1,890.50
1	BUMPER BRACKET,FRT/LH	SERVICEABLE	95.00	-
10	BUMPER INNER CLIP,FRT	NECESSARY	22.00	22.00
1	WHEEL RIM	GRAZED	1,250.00	1,250.00
1	FRONT FENDER (LH)(NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-651.50	-632.50
			2,606.00	2,530.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		500.00	400.00
			1,020.00	600.00
GRAND TOTAL			3,626.00	3,130.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,500.00

Report Ref No. NS/INC17024516/K1tbn2

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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