

30/1/18

Kalvin

REF:

NS/INC17024349/K1tb72

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop n/s

of

Insured **FBM 2329Y**

Policy No. **3094121413 080917 - 090918**

Claims No. **MT/0974929-002**

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 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

Var No: _____

SH 9321Y

Page: _____

8 Apr 2018

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /

Truck / Trailer or

Make

Hyundai Z40

168T

Colour

Blue

A/C

Insured / Std / NI / NA

Sp Reading

548862

T/Radio

Q

Insured / Std / NI / NA

Eng No

C No

KMHLP414AE 9052579

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / **STD A/Rim**

Tyre Size

F:

205/60R16

R:

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

TOYO / YOKO or

Wad/2/16

Front

R/Bal

2

mm

Rear

R/Bal

2

mm

L/Bal

2

mm

L/Bal

2

mm

D.O.A

22/2/18

D.O.A

27/2/18

Survey held at

CHE/1/18

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

Rear N/S

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

Date / Time Action / Instruction

SH 9321Y - CC3 / ALN 13007973 / H12m3q2

DOA: 11/03/15

2m

FBM 2329Y - x

2/1/18 Contract 45 \$ 750 / 2 hrs. (Red: 1172.96 : 6070)

RECEIVED 03 JAN 2018

Date/Time File Pass to?

☐

: Prelim. Report

☒

: Final Report

31 Typist

Date/Time File Return to?

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee

Transport

Tools

Other

Add Fee:

☐

Site Insp \$

☐

Inter. Exp \$

☐

Tech. Insp \$

☐

Wear. Exp \$

Report Format:

Lump Sum / I.B.I. / S

750

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/INC17024549/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 Date: 27-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBM 2329Y	Veh. Inspected	SH 9321Y
Policy No.	5094121413	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/12/2017

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	22/12/2017	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.
--

eBaoTech

General Claim

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"/>	5094121413	NICHOLAS SHARMA THANABAL	S9221101J	GMC	Third Party, Fire & Theft	FBM2329Y	FBM2329Y	08/09/2017	07/09/2018

[Continue](#)

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0974939-002	COMFORT TRANSPORTATION	SHD 6653K	SLP 2511C
2	MT/0974934-002	COMFORT TRANSPORTATION	SHA 2874G	SJK 4603H
3	MT/0975291-002	COMFORT TRANSPORTATION	SHC 3744G	YL 1230L
4	MT/0975668-002	COMFORT TRANSPORTATION	SH 6097P	SLE 8554Y
5	MT/0975315-002	COMFORT TRANSPORTATION	SHC 2941K	YP 5831E
6	MT/0975395-002	COMFORT TRANSPORTATION	SHC 8031Y	GBB 4156Z
7	MT/0974929-002	COMFORT TRANSPORTATION	SH 9321Y	FBM 2329Y
8	MT/0975678-002	COMFORT TRANSPORTATION	SHC 8021B	SJH 5404A
9	MT/0975539-002	COMFORT TRANSPORTATION	SHA 7663R	YM 6298D
10	MT/0975477-002	COMFORT TRANSPORTATION	SHD 7056C	SJS 1562U
11	MT/0975923-001	COMFORT TRANSPORTATION	SHC 2783A	SGV 8542B

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	23/12/2017 10:49
Date Of Accident	22/12/2017 15:45
Exact Location Of Accident	END OF SLE > BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9321Y
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	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	TEO SOON CHONG
NRIC No	S0203635E
Date Of Birth	18/09/1953
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1972
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	361 HOUGANG AVE 5 # 03-322
Postcode	S530361
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)	5
Passenger 1	NAME: : - GENDER: : FEMALE

Passenger 2	NAME: : GIRL GENDER: : FEMALE
-------------	----------------------------------

Passenger 3	NAME: : GIRL GENDER: : FEMALE
-------------	----------------------------------

Passenger 4	NAME: : GIRL GENDER: : FEMALE
-------------	----------------------------------

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 SEE 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	FBM2329Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

Name of Driver	NICHOLAS SHARMA THANABAL
NRIC/Passport Number	S9221101J
Contact Number	87134254
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

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. 199303821R

[Signature]

23/12/17
Jackson Heng
CSO

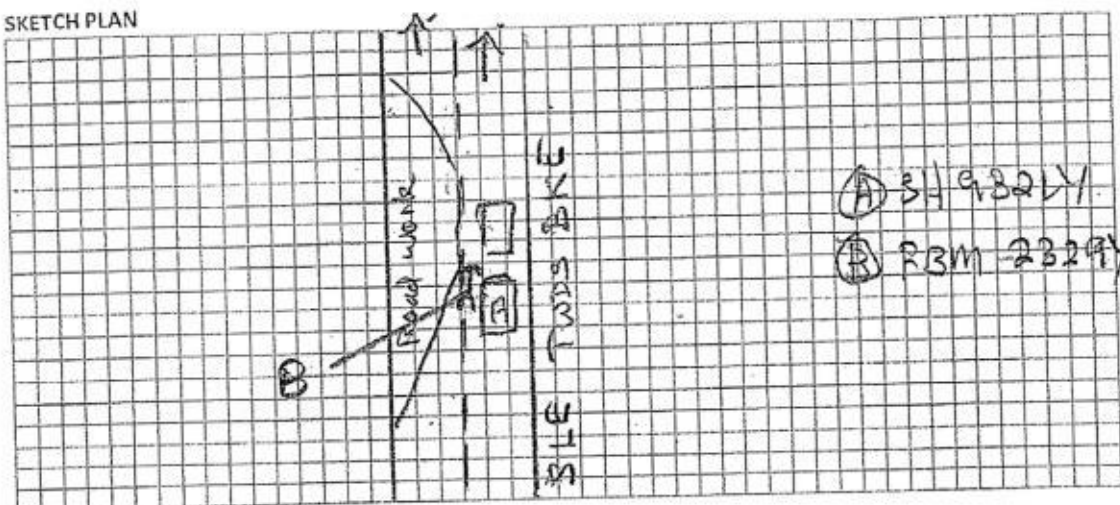
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22nd/12/2017 at about 1545 hrs, I vehicle A was behind another car in front of me joint queue at exit of SKE toward BKE, there was a road works on the left side, Suddenly, vehicle B squeeze in and brush against my left rear lamp and left rear portion. No one was injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 4000

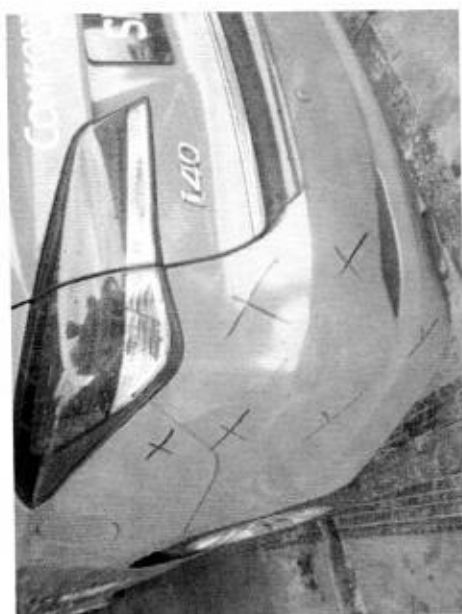
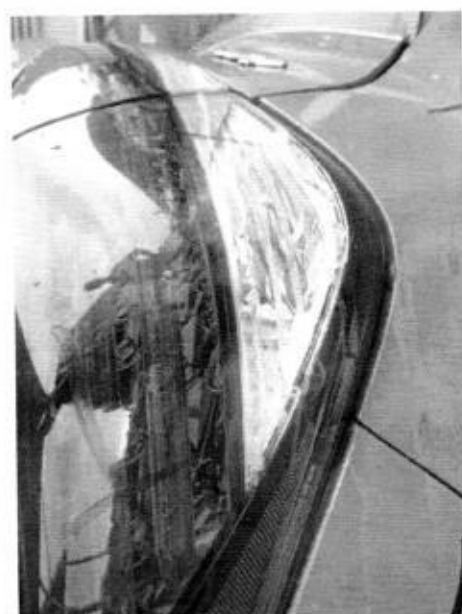
Policyholder's Signature
Date & Time:

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

23/12/17

Jackson Hong
CSO

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





A member of COMFORTDELGRO

Date/Time: 26.12.2017 12:18 Page : 1

Team: ARC Repair TP(CLSO)1		JOB CARD Sales Order:		JC NO.305100807	
CUSTOMER		REGN NO: SH 9321Y		MILEAGE	
R/MS COMFORT TRANSPORTATION PTE LTD		MAKE: HYUNDAI		FUEL	
CUSTOMER NO 7010045		MODEL I-40		E.....1/2.....F	
ADDRESS 383 SIN MING DRIVE		YR OF MANU 08.04.2014		DATE/TIME IN 26.12.2017 09:40	
Singapore SINGAPORE 575717		CHASSIS CODE KMHLB41UMEU052579		TARGET DATE	
L. (R) 65508755 (O)				COMPLETION DATE/TIME:	
(P)					
SCOUNT CARD NO.					

JOB DESCRIPTION

Accident Date: 22.12.2017
NATURE: 3P 22.12.2017

C / NO	LABOR CODE	DESCRIPTION
	NTMC -	Left Rear Damage
	KKC / Kalmi -	

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
e:		Vehicle No.: SH 9321Y	
Jo.:			
le No.: SH 9321Y LARRY			
Larry Ng			
e of Service Advisor		Name of Service Advisor	
Signature/Date		Date	
e returned to Service Reception upon collection		To be kept by Security Guard	

NOTE

DATE 27/12/2017 10:47

DNA: 22.12.17

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X report			\$ 603.60
	Rear Bumper Clips X "			\$ 22.00
	Tail Lamp (LH) / or			\$ 565.60
	Fender Rear (LH) X report			
	SUB TOTAL			\$ 1,191.20
	LESS 20%			\$ 238.24
	DISCOUNTED TOTAL			\$ 952.96
	Rear Bumper Rubber Mat X "			\$ 50.00
				\$ 50.00
	Labour Charge			100
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 400.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 920.00
	ESTIMATE TOTAL			\$ 1,922.96
	Kahar 11/11/17 27/12/17 11:00 L 2 Pys 4 s Atle Repairable			

Larry Ng

Nett

760

20

X "

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:

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 : 305100807
Date : 29.12.2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

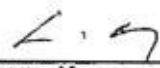
Vehicle Reg No. : SH 9321Y


Date of Accident: 22.12.2017

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

1. The repair job shall bill to: NTUC FBM2329Y
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 \$750.00
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 : 2/1/18

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. 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/INC17024549/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 08-01-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBM 2329Y	Veh. Inspected	SH 9321Y
Policy No.	5094121413	Coverage (\$)	0.00
Claim No.	MT/0974929-002	Excess (\$)	0.00
Assign From		Assign Date	27/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU052579	Colour	BLUE
Odometer	548862	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 N/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	22/12/2017	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.

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 9321Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	TO REPAIR	603.60	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	TAIL LAMP (LH)	CRACKED	565.60	565.60
1	FENDER REAR (LH)(NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-238.24	-113.12
			952.96	452.48
	SPECIAL NETT ITEMS			
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	120.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		400.00	360.00
			920.00	480.00
	GRAND TOTAL		1,922.96	932.48
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			750.00

Report Ref No. NS/INC17024549/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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