

Kalvin

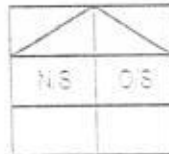
NS/INC 17024568 / Kltb2

ASSIGNMENT

SHC 802/B

6 May 2015

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / CD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop No: _____
 of: _____
 Insured: SJH 5404A
 Policy No: 5068483265-03 0811-17
 Claims No: MT/0975678-002
 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: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Sum Surp: _____ % S Val.: Yes or No
 CA / REV / REP / 24 HRS

Type: M/Car / M/Cycle / Bus / Van / Lorry / 6 Prime Mover
 Truck / Trailer on: _____
 Make: Mercedes Benz E220 No: 2143
 Colour: White A.C. Ins: 6 Std. NI / NA
 Sp. Reading: 485038 T-Ratio: 0 Std. NI / NA
 Eng No: _____
 O/Nr: WDD 21200 128 158 661
 Gen. Cond: Good / 9 / Poor / Burnt
 Steering: Ind 6 / Jammed / Leaked / Burnt or
 Brake: Ind 6 / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / SP A/Rim or
 Tyre Size: F: 225/55R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIO / OHTSU / FIR / SUMI /
 TOYO / YOKO or Went 1/4
 Front: _____ Rear: _____
 R.Bal: 7 mm R.Bal: 7 mm
 L.Bal: 7 mm L.Bal: 7 mm
 D.O.A. 23/12/17 D.O.I. 27/12/17
 Survey held at: CD 4E (107444)
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
o/s p/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date Time Action / Instruction
SHC 802/B - 003 / NIG 17009439 / H179342 DUA: 120517 ZNC
SJH 5404A - X 45
2/1/8 Contracted C/P \$1450 / 2 days (Red: 703.20 : 32%)

RECEIVED 03 JAN 2018

Date Time File Page to: ☐ : Preli. Report
☒ : Final Report
 Date Time File Return to:

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

Add Fee:



Site Insp \$
 Inspect \$
 Techn \$
 Rep \$

Survey Fee
 Transportation

160
35
195

Report format:

0 TP 14504



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/INC17024568/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJH 5404A	Veh. Inspected	SHC 8021B
Policy No.	5068483255-03	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

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5. General Information

Accident Date	23/12/2017	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.

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

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"/>	5068483255-03	YONG LEE SENG HOLDINGS PTE LTD	200706236N	GFT	drive CLASSIC	SJH5404A	SJH5404A	08/11/2017	

Continue

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	26/12/2017 09:33
Date Of Accident	23/12/2017 19:35
Exact Location Of Accident	ORCHARD BOULEVARD X PATERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8021B
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	CHUNG YOKE KHENG
NRIC No	S0138387F
Date Of Birth	13/12/1954
Occupation	OUTDOOR
Date Of Driving Pass	13/02/1984
Driving Experience	33 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	CHINGYOKEKHENG@YAHOO.COM.SG

Address 345 11-2254 ANG MO KIO AVE 3
Postcode 560345
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 -
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) 4
Passenger 1

NAME: : -
GENDER: : FEMALE

Passenger 2

NAME: : -
GENDER: : FEMALE

Passenger 3

NAME: : -
GENDER: : MALE

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 SJH5404A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number

Contact Number 83534216

Address

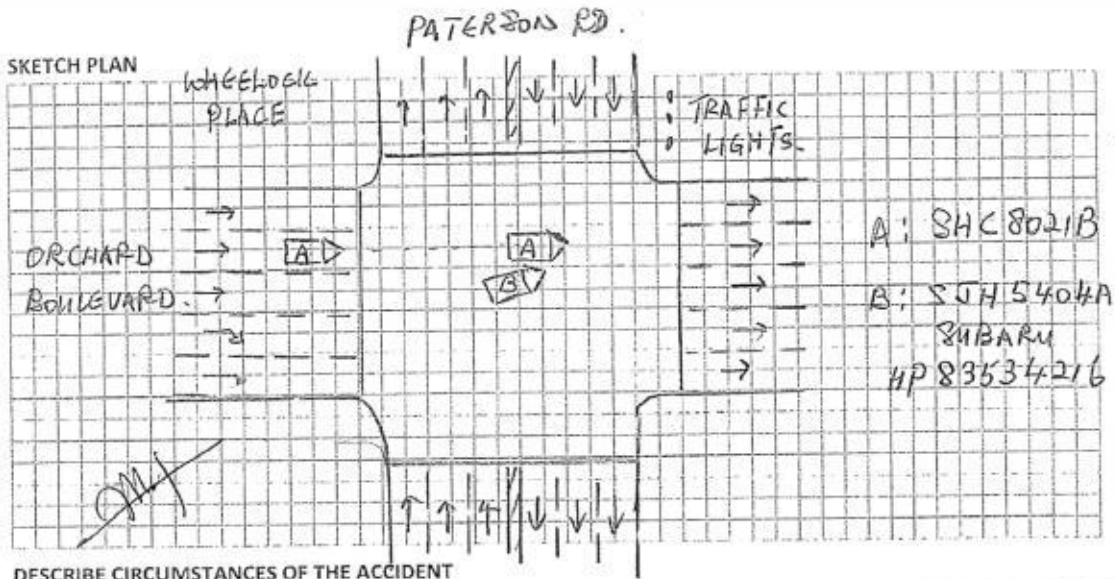
Postcode

Insurance Company Name

Nature Of Damage LEFT FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

CC REG. NO 169303821B

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

Date & Time:

Sketch Plan Pg. 2

Describe Circumstances of the Incident
On 23 Dec 2017 at about 19:35 hrs I stopped my taxi on the second lane from the left at the
traffic junction of Orchard Boulevard and Paterson Rd waiting for the traffic lights to turn
green.
Upon turning green I slowly proceeded to drive straight across the junction at the same time
maintained my taxi within my lane.
Suddenly I felt an impact coming from my the right hand side mid-section of my taxi followed
by a jerk and caused my taxi to swerve the left.
Shortly after I stopped my taxi and stepped out to check. Found that a Subaru car SJH5404A
had come from my right encroached into my lane and caused this accident to happen.
As a result of this, the left hand side front of the car hit and grazed the right hand side rear
towards the right hand side front including the right hand side wing mirror of my taxi thus
damaging them in the process.
03 passengers(2 female and 1 male) on board my taxi. No injury at the point of the accident
Enclosed is a video footage to support my claims.

Declaration

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

COMFORT TRANSPORTATION PTE. LTD.
 CO. REG. NO. 199903821P
 Policyholder's Signature/Date & Time
 Driver's Signature (If driver is not the policyholder)/Date & Time

24/12/17
 Witnessed by Reporting
 Centre Personnel

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:

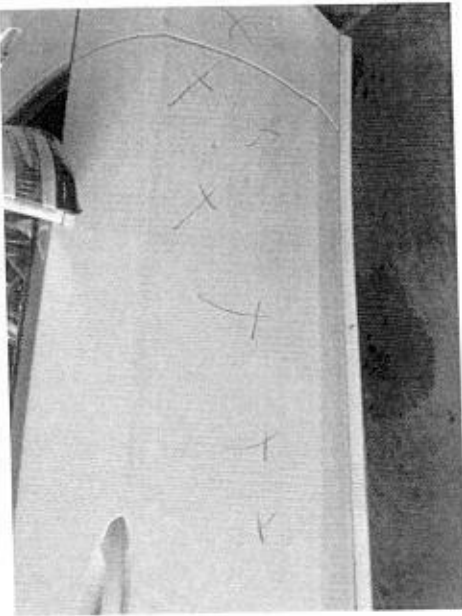
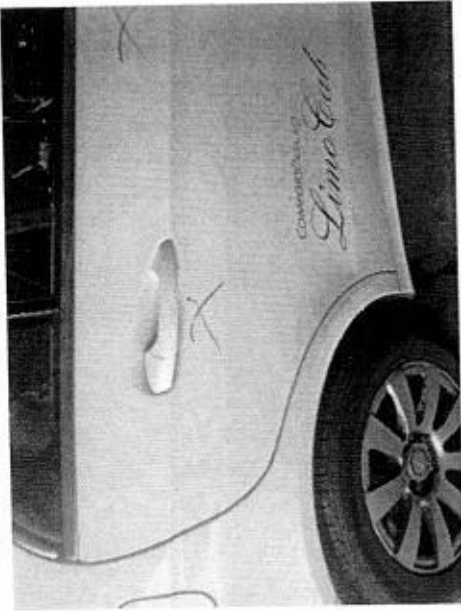
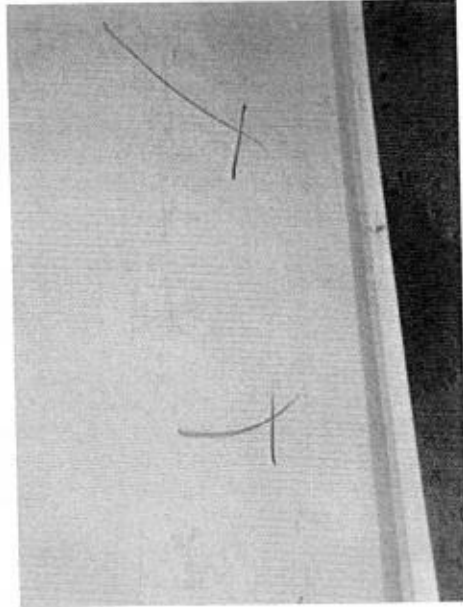
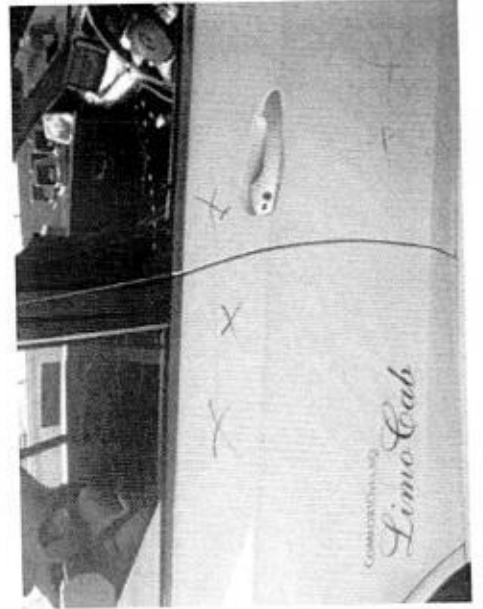
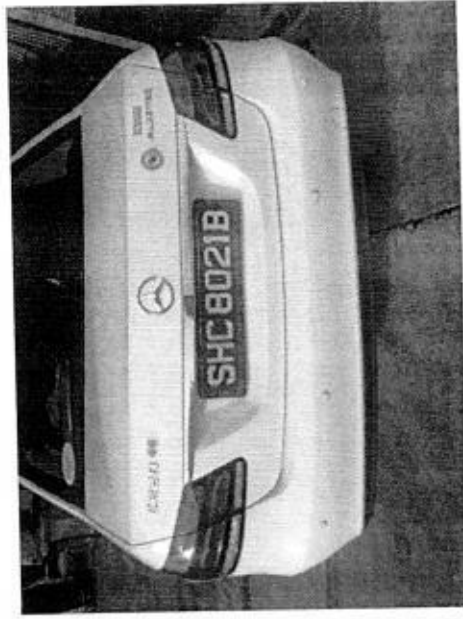
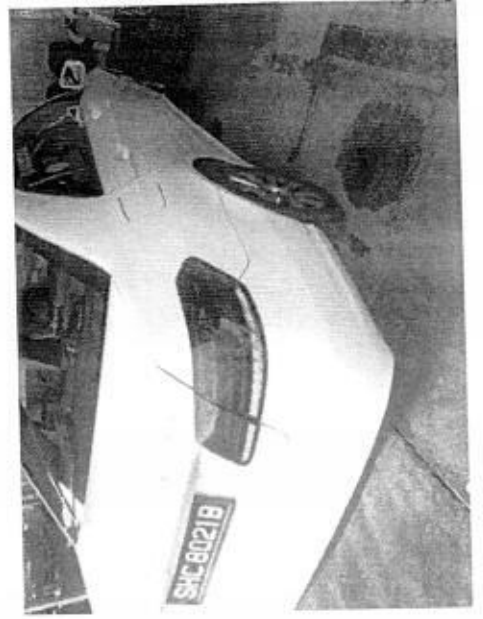
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

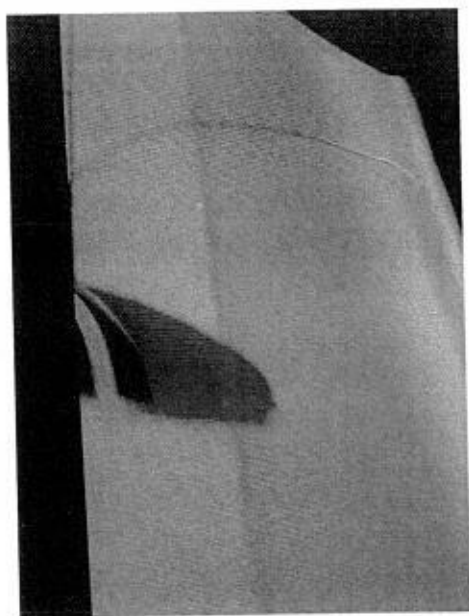
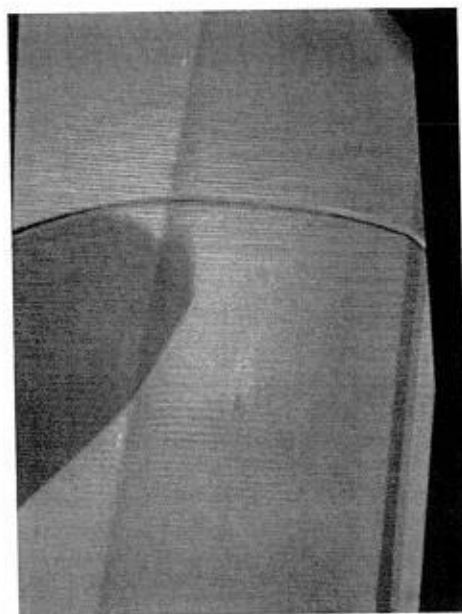
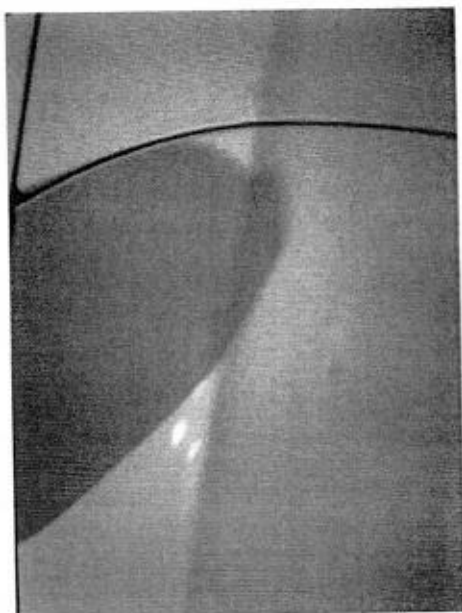
JMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:





Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.305101601

STOMER	REGN NO:	MILEAGE
MS	SHC8021B	
STOMER NO	MAKE:	FUEL
7010045	MERCEDES BENZ	E.....1/2.....F
STOMER NO	MODEL	DATE/TIME IN
383 SIN MING DRIVE	E220CDI (E6)	27.12.2017 10:00
RESS	YR OF MANU	TARGET DATE
Singapore SINGAPORE 575717	06.05.2015	
65508755	CHASSIS CODE	COMPLETION DATE/TIME:
(R)	WDD2120012B158661	
(P)		
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 23.12.2017
NATURE: 3P 23.12.2017

3/NO LABOR CODE DESCRIPTION

ECKED & PASSED OUT BY:

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Knowledge Slip	Exit Pass
Vehicle No.: SHC8021B	Vehicle No.: SHC8021B
LKE/KALVIN	
Name of Service Advisor	Name of Service Advisor
Signature/Date	Date
returned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8021B

DATE 27/12/2017 15:40

MAKE :

MODEL : MERCEDES

LKK/calvin
H/sam
NTU C

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Mirror Glass, Frt/RH X 500			\$ 230.00
	Mirror Housing W/Signal Lamp, Frt/ RH			\$ 414.00
	Mirror Motor Assy, Frt/ RH			\$ 860.00
	Front Door (RH) X repair			\$ 1,504.00
	Sub Total			\$ 300.80
	Less 20%			\$ 1,203.20
	Discounted Total			
	Rear Door Lockout stroke - me	\$ 60	- 10%	
	Labour Charge			300
	Panel Beating- Repair Frt & Rear Door(RH)			\$ 400.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 50.00
				450
				20
	TOTAL LABOUR			\$ 950.00
	ESTIMATE TOTAL			\$ 2,153.20
				2153.20

1/Calvin LKK
27/12/17 15:45h
2 Days
L/s
After Repair p lto.

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 : 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**

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

Our Job Ref No : 305101601

Date : 31/12/17

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. : SHC8021B CTPL

23.12.17

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

1. The repair job shall bill to: NTUC SJH5404A
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% \$1,450.00
Final Lumpsum Repair cost \$1,450.00

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : LIM KWOK ENG

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:



Thatcham escribe

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/INC17024568/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 09-01-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJH 5404A	Veh. Inspected	SHC 8021B
Policy No.	5068483255-03	Coverage (\$)	0.00
Claim No.	MT/0975678-002	Excess (\$)	0.00
Assign From		Assign Date	27/12/2017

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WDD2120012B158661	Colour	WHITE
Odometer	485038	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 O/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	23/12/2017	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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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**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 8021B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	MIRROR GLASS,FRT/RH	SERVICEABLE	230.00	-
1	MIRROR HOUSING W/SIGNAL LAMP,FRT/RH	CRACKED	414.00	414.00
1	MIRROR MOTOR ASSY,FRT/RH	CRACKED	860.00	860.00
1	FRONT DOOR (RH)(NPA)	TO REPAIR	-	-
1	REAR DOOR (RH)(NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-300.80	-254.80
			1,203.20	1,019.20
NETT ITEMS				
1	REAR DOOR COMFORT STICKER (N)	NECESSARY	60.00	60.00
	LESS 10% DISCOUNT		-	-6.00
			60.00	54.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		450.00	320.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		500.00	450.00
			950.00	770.00
GRAND TOTAL			2,213.20	1,843.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,450.00

Report Ref No. NS/INC17024568/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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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.